IN LIEU OF FORM CMS-2552-96(04/2005) PREPARED 11/24/2008

UU8 18 FORM APPROVED OMB NO. 0938-0050

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS

> WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH PROVIDER NO: I PERIOD I INTERMEDIARY USE ONLY DATE RECEIVED: CARE COMPLEX I FROM 7/ 1/2007 I --AUDITED --DESK REVIEW
I TO 6/30/2008 I --INITIAL --REOPENED 15-0076 COST REPORT CERTIFICATION INTERMEDIARY NO: AND SETTLEMENT SUMMARY I --FINAL 1-MCR CODE I 00 - # OF REOPENINGS DATE: 11/24/2008 ELECTRONICALLY FILED COST REPORT TIME 18:16

PART I - CERTIFICATION

MISREPRESENTATION OF FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISIONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

SAINT JOSEPH REG MED CIT-PLY CAMPUS 15-0076

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND
BELLEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE
WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CRITIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS
REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

> OFFICER OR ADMINISTRATOR OF PROVIDER(S) TITLE DATE

PART II - SETTLEMENT SUMMARY TITLE TITLE TITLE V XVIII XIX 0 55,778 -360,565 Λ 55,778 -360,565

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

MCRIF32 1.11.0.0 ~ 2552-96 18.4.11.0

HOSPITAL

TOTAL.

100

FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2008)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0076 I FROM 7/ 1/2007 I WORKSHEET S-2

I TO 6/30/2008 I HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

1.01	AL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS STREET: 1915 LAKE AVE CITY: PLYMOUTH STATE: IN ZIP CODE: 46563- COUNTY: MAR AL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;					SYSTEM
	COMPONENT NAME PROVIDER NO. NPI NUMBER	DATE	FIED	V		I XIX
02.00	0 1 2 2.01 HOSPITAL SAINT JOSEPH REG MED CTR-PLY CAMPUS 15-0076	3 7/ 1/	/1996	4 N	5 P	6 P
17	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008					
18	TYPE OF CONTROL	1	2			
19 20	F HOSPITAL/SUBPROVIDER HOSPITAL SUBPROVIDER	1				
OTHER 21	INFORMATION INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD					
21	IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN					
21.01	COLUMN 2 "Y" FOR YES OR "N" FOR NO. DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?	Y				
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N"					
21.03	FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS). ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN OR (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION					
	TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN					
	100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			Y	4378	30
	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	2				
	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	2				
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.	Y				
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER? DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N N				
	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /		/ /	/
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /		/ /	/
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /		/ /	/
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /		/ /	/
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.		/ /		/ /	/
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /		/ /	/
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /		/ /	/
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3.				/ /	/
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3.				/ /	/
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N				
	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET	N				
25.03	E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS					
	DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED INDER 42 CFD 413 70(a) (2) OR 42 CFD 413 105(f) (1) (iv) (b) 2 FMETER WAY FOR YES AND WAY.	N N				
	UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)					

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2008) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I 15-0076 I FORM 7/ 1/2007 I WORKSHEET S-2

IDENTIFICATION DATA I TO 6/30/2008 I

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE					
	RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y"					
26	FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT					
20	IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.					
	SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0				
		/ /				
20.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / ENDING: DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913	N /		/		
	FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.					
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR					
28 01	THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1.		1	2	3	4
20.01	ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE					
00 00	OCTOBER 1ST (SEE INSTRUCTIONS)		0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER		0.00	0		
	THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR			_		
	TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE					
	OR TWO CHARACTER CODE IF RURAL BASED FACILITY A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN					
	INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE					
	USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL					
	EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN					
	3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		%	Y/N		
	STAFFING		0.00%	-,		
	RECRUITMENT		0.00%			
	RETENTION TRAINING		0.00%			
28.07			0.00%			
28.08			0.00%			
28.09 28.10			0.00%			
28.11			0.00%			
28.12			0.00%			
28.13			0.00%			
28.14			0.00%			
28.16			0.00%			
28.17			0.00%			
28.18 28.19			0.00%			
28.20			0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE	N				
30	AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS	N				
	HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)					
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH?					
	GER 42 GER 412 70					
	SEE 42 CFR 413.70 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH. HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF					
	SEE 42 CFR 413.70 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE	N				
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30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF	N				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR 1&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD					
30.02 30.03 30.04	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR 16R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
30.02 30.03 30.04	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR 16R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42	N				
30.02 30.03 30.04 31 31.01	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR 16R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N N				
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30.02 30.03 30.04 31 31.01 31.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR 14R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N N N N				
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30.02 30.03 30.04 31 31.01 31.02 31.03 31.04 31.05 MISCEI 32 33 35 35.01 35.02 35.03	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR 16R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). LANEOUS COST REPORT INFORMATION IS THIS A NEWAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). LANEOUS COST REPORT INFORMATION IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f) (1) (i)? HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40 (f) (1) (i)? HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR	N N N N N N N N N N N N N N N N N N N	WVIII	XIX		
30.02 30.03 30.04 31 31.01 31.02 31.03 31.04 31.05 MISCEL 32 33 35.01 35.02 35.03 35.04 PROSPE	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR CUIPATIENT SERVICES? (SEE INSTRUCTIONS) IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR 16R TRAINING PROCRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RUBAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RUBAL SUBPROVIDER 6 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RUBAL SUBPROVIDER 6 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RUBAL SUBPROVIDER 6 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RUBAL SUBPROVIDER 6 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A NO	N N N N N N N N N N N N N N N N N N N	2	3		
30.02 30.03 30.04 31 31.01 31.02 31.03 31.04 31.05 MISCEL 32 33 35 35.01 35.02 35.03 35.04 PROSPE 36	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR 1&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 6 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER COTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f) (1) (N N N N N N N N N N N N N N N N N N N				

MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2008) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

H CARE COMPLEX I 15-0076 I FROM 7/ 1/2007 I WORKSHEET S-2

I TO 6/30/2008 I HOSPITAL & HOSPITAL HEALTH CARE COMPLEX

IDENTIFICATION DATA	I I TO 6/30/2008 I
WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE	
TITLE XIX INPATIENT SERVICES	BASIS OF 100% OF THE FED RAIE: N N N
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEI	
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (I	UAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX	? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS I IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE	
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE 1	AME AND ADDRESS OF THE HOME OFFICE Y 15H034
40.01 NAME: SAINT JOSEPH REG MED CTR FI/CONTRACTOR	NAME NGS FI/CONTRACTOR # 00130
40.01 NAME: SAINT JOSEPH REG MED CTR FI/CONTRACTOR 40.02 STREET: 801 E LASALLE AVE P.O. BOX: 40.03 CITY: SOUTH BEND STATE: IN Z	P CODE: 46617_
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A	
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS	
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPL: 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS'	
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIE	
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A,	
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE I SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROV	
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?	III DIII IN OOLOIM I.
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?	
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT	(MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INS	RUCTIONS).
IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPT: CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUA	
(SEE 42 CFR 413.13.)	LIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
OUTPATIENT OUTPA	TIENT OUTPATIENT
PART A PART B ASC RADIO 1 2 3 47.00 HOSPITAL N N N	LOGY DIAGNOSTIC
47.00 HOSPITAL N N N	N N
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRC	UMSTANCES IN ACCORDANCE WITH
42 CFR 412.348(e)? (SEE INSTRUCTIONS) 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARI	N YOU ELIGIBLE FOR THE SPECIAL
EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, CO	
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NO	
EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON 1 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSI	
53.01 MDH PERIOD: BEG	
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:	
PREMIUMS: 0 PAID LOSSES: 0	
PAID LOSSES: 0 AND/OR SELF INSURANCE: 0	
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER ? GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LIS	
CONTAINED THEREIN.	N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMEN	
42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2	N THE PAYMENT LIMIT
PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DA	TES FOR THOSE LIMITS DATE Y OR N LIMIT Y OR N FEES
	IS REQUIRED IN COLUMN 0 1 2 3 4
OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN	S YOUR FIRST YEAR OF
THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AF	ER 4/1/2002.
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCILLIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FO	IPT IF MORE THAN 2 0.00 0
SUBSEQUENT PERIOD AS APPLICABLE.	K INTITAL OK
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.	0.00 0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?	0.00 O
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU	CONTAIN AN IRF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YO	
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES ANI ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR A	
10/1/2002.	
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTE	
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN	
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" 1	
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR :	
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INS.	R).
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN :	
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIM "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)	BURSEMENT? ENTER IN COLUMN 2 N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU	ONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE	

Health Financial Systems	MCRIF32	FOR	SAINT	JOSEPH	REG	MED	CTR-PI	Y CAMPUS	IN	LIEU	OF E	FORM	CMS-255	52-96	6 (05/2008) CONTD
							I	PROVIDER	NO:	II	PERIC	DD:		I	PREPARED 11/24/2008
HOSPITAL & HOSPITAL HEALTH	CARE COMPLEX						I	15-0076		II	ROM	7/	1/2007	I	WORKSHEET S-2
IDENTIFICATION DATA							I			I :	ГО	6/3	30/2008	I	

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60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

OF THE NEW TEACHING FROGRAL IN LAND.

MULTICAMPUS
61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL1. 1, STATE IN COL.2, ZIP IN COL 3,

CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

COUNTY

STATE ZIP CODE CB

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (04/2005)

| Total Complex Statistical DATA | Health Care | Form Complex Statistical DATA | Form Complex Statistical DATA

		COMPLEX STATISTICAL	DATA		I	0 0070	I TO 6/30/	2008 I	PART I
				BED DAYS		TITLE		NOT LTCH	TOTAL
		COMPONENT	BEDS 1	AVAILABLE 2	N/A 2.01	V 3	XVIII 4	N/A 4.01	TITLE XIX 5
1		ADULTS & PEDIATRICS	38	13,908			3,815		881
3		HMO HMO - (IRF PPS SUBPROVIDER) ADULTS & PED-SB SNF							
4 5		ADULTS & PED-SB NF TOTAL ADULTS AND PEDS	38	13,908			3,815		881
6 7		INTENSIVE CARE UNIT CORONARY CARE UNIT	7				961		73
8 9		BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT							
11 12		NURSERY TOTAL	45	16,470			4,776		404 1,358
13 14		RPCH VISITS SUBPROVIDER							
		SKILLED NURSING FACILITY							
		NURSING FACILITY ICF/MR							
17		OTHER LONG TERM CARE							
18 20 21		HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (HOSPICE							
		CORF	45						
26 27 28		TOTAL OBSERVATION BED DAYS AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS	45						81
28	01	EMP DISCOUNT DAYS -IRF							
				I/P DAYS /	O/P VISITS	/ TRIPS -		- INTERNS	& RES. FTES
		COMPONENT		SERVATION BEDS NOT ADMITTED	TOTAL		RVATION BEDS NOT ADMITTED		LESS I&R REPL NON-PHYS ANES
-				5.02	6		6.02	7	8
1		ADULTS & PEDIATRICS HMO			7,362				
2		HMO - (IRF PPS SUBPROVIDER) ADULTS & PED-SB SNF							
4		ADULTS & PED-SB NF			7 260				
5 6		TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT			7,362 1,567				
7 8		CORONARY CARE UNIT BURN INTENSIVE CARE UNIT							
9		SURGICAL INTENSIVE CARE UNIT							
11 12		NURSERY TOTAL			627 9,556				
		RPCH VISITS							
14 15		SUBPROVIDER SKILLED NURSING FACILITY							
		NURSING FACILITY ICF/MR							
17		OTHER LONG TERM CARE							
18 20		HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (
21 23		HOSPICE CORF							
25		TOTAL							
26 27		OBSERVATION BED DAYS AMBULANCE TRIPS	11	70	419	47	372		
28		EMPLOYEE DISCOUNT DAYS							
28	UI	EMP DISCOUNT DAYS -IRF							
			I & R FTES	FULL TI	ME EQUIV		DISCHARGES	3	
		COMPONENT	NET	EMPLOYEES	NONPAID WORKERS	TITLE	TITLE	TITLE	TOTAL ALL PATIENTS
			9		11	12	XVIII 13	XIX 14	15
1 2		ADULTS & PEDIATRICS HMO					1,035	397	2,390
2		HMO - (IRF PPS SUBPROVIDER)							
4		ADULTS & PED-SB SNF ADULTS & PED-SB NF							
5 6		TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT							
7		CORONARY CARE UNIT							
8 9		BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT							
11 12		NURSERY TOTAL		290.00			1 035	397	2,390
13		RPCH VISITS		230.00			1,000	331	2,390
14 15		SUBPROVIDER SKILLED NURSING FACILITY							
16		NURSING FACILITY							

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (04/2005) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

HOSPITAL AND HOSPITAL HEALTH CARE I 15-0076 I FORM 7/ 1/2007 I WORKSHEET S-3

COMPLEX STATISTICAL DATA I PART I

	COMPONENT	I & R FTES	FULL TIM EMPLOYEES ON PAYROLL	E EQUIV NONPAID WORKERS	TITLE V	DISCHARG	ES TITLE XIX	TOTAL ALL
	00111 0112111	9	10	11	12	13	14	15
16	01 ICF/MR							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY							
20	AMBULATORY SURGICAL CENTER	(
21	HOSPICE							
23	CORF							
25	TOTAL		290.00					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2004) CONTD

| PROVIDER NO: | PERIOD: | | PROPARED 11/24/2008 | | PRO

					PAID HOURS	AVERAGE	
PART II	- WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED	RELATED TO SALARY 4	HOURLY	
1 2	NON-PHYSICIAN ANESTHETIST	15,307,780		15,307,780	600,470.00	25.49	
3	PART A NON-PHYSICIAN ANESTHETIST PART B						
4 4.01	PHYSICIAN - PART A TEACHING PHYSICIAN SALARIES			16,346	175.00	93.41	Trial Balance and Payrol
5 5.01 6 6.01	(SEE INSTRUCTIONS) PHYSICIAN - PART B NON-PHYSICIAN - PART B INTERNS & RESIDENTS (APPRVD) CONTRACT SERVICES, 1&R HOME OFFICE PERSONNEL	1,981,517		1,981,517	7,210.00	274.83	Trial Balance and Payrol
	SNF EXCLUDED AREA SALARIES	96,755		96,755	2,063.00	46.90	Payroll Reports
9.01	OTHER WAGES & RELATED COSTS CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT LABORATORY SERVICES UNDER CONTRACT	15,253		15,253	255.00	59.82	
10 10.01	MANAGEMENT & ADMINISTRATIVE UNDER CONRACT CONTRACT LABOR: PHYS PART A TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	89,353		89,353	175.00	510.59	Physician Reports
11 12		3,735,240		3,735,240	73,398.00	50.89	Home Office Cost Report
	WAGE RELATED COSTS	3,795,104		2 705 104			CMS 339
14	WAGE-RELATED COSTS (CORE) WAGE-RELATED COSTS (OTHER) EXCLUDED AREAS	23,987		3,795,104 23,987		(CMS 339 CMS 339 CMS 339
16 17	NON-PHYS ANESTHETIST PART A NON-PHYS ANESTHETIST PART B						CMS 339 CMS 339
18.01	PHYSICIAN PART A PART A TEACHING PHYSICIANS PHYSICIAN PART B	4,053 1,113		4,053 1,113			CMS 339 CMS 339 CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC) INTERNS & RESIDENTS (APPRVD)	1,110		1,110			CMS 339 CMS 339
	OVERHEAD COSTS - DIRECT SALARIES						
21 22 22.01	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT MAINTENANCE & REPAIRS			122,741 1,751,341	6,486.00 82,451.00	18.92 21.24	
24	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	346,922		346,922	15,550.00	22.31	
26	HOUSEKEEPING HOUSEKEEPING UNDER CONTRACT	390,617		390,617	35,253.00	11.08	
27 27.01	DIETARY DIETARY UNDER CONTRACT CAFETERIA	232,858		232,858	18,627.00	12.50	
30	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICE AND SUPPLY	389,486		389,486	11,579.00	33.64	
33		423,191 414,169		423,191 414,169	11,557.00 21,651.00	36.62 19.13	
34	RECORDS LIBRARY SOCIAL SERVICE OTHER GENERAL SERVICE						
	- HOSPITAL WAGE INDEX SUMMARY						
1	NET SALARIES	13,326,263		13,326,263	593,260.00	22.46	
2	EXCLUDED AREA SALARIES	96,755 13,229,508		96,755	593,260.00 2,063.00 591,197.00	46.90	
4	SUBTOTAL OTHER WAGES &	13,229,508 3,839,846			591,197.00 73,828.00		
5	RELATED COSTS SUBTOTAL WAGE-RELATED COSTS	3,799,157		3,799,157		28.72	
7 8 9 10	NET SALARIES EXCLUDED ARRA SALARIES SUBTOTAL SALARIES SUBTOTAL OTHER WAGES & RELATED COSTS SUBTOTAL WAGE-RELATED COSTS	20,868,511		20,868,511	665,025.00	31.38	
	TOTAL TOTAL OVERHEAD COSTS	4,071,325		4,071,325	203,154.00	20.04	

DESCRIPTION

	UNCOMPENSATED CARE INFORMATION	
1 2	DO YOU HAVE A WRITTEN CHARITY CARE POLICY? ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER	
2.01	LINES 2.01 THRU 2.04 IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE	
5	JUDGMENT WITHOUT FINANCIAL DATA? ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)	
	DATA? ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS	
	(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,	
	IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL	
11.02	POVERTY LEVEL? IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%	
11.02	OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME	
1.3	PATIENTS ON A GRADUAL SCALE? IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH	
13	PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY	
14	MEDICAL EXPENSES? IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?	
14	IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT	
	GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE	
1.6	TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
4.5	UNCOMPENSATED CARE REVENUES	
	REVENUE FROM UNCOMPENSATED CARE GROSS MEDICAID REVENUES	3,827,000 3,957,798
	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19 20	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS) RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES UNCOMPENSATED CARE COST	7,784,798
	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,	.351249
25	DIVIDED BY COLUMN 8, LINE 103) TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	
26	(LINE 23 * LINE 24) TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	3,957,798

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	1,390,173
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	3,827,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,344,230
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	1,390,173
	(SUM OF LINES 25, 27, AND 29)	

FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0076 I FROM 7/ 1/2007 I WORKSHEET A

I TO 6/30/2008 I RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST		SALARIES	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR	1	2	3	4	3
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2		OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				1,357,791	1,357,791
4		NEW CAP REL COSTS-MVBLE EQUIP				1,364,321	1,364,321
5		EMPLOYEE BENEFITS	122,741	-665 , 567	-542,826	301,740	-241,086
6		ADMINISTRATIVE & GENERAL	1,751,341	11,587,935	13,339,276	-1,683,556	11,655,720
7		MAINTENANCE & REPAIRS	0.4.6.000	4 050 040	4 640 550	0.7.540	4 540 004
8 9		OPERATION OF PLANT LAUNDRY & LINEN SERVICE	346,922	1,263,848 150,992	1,610,770 150,992	-97 , 549	1,513,221 150,992
10		HOUSEKEEPING	390,617	379,768	770,385	-253	770,132
11		DIETARY	232,858	595,268	828,126	-4,675	823,451
12		CAFETERIA	,	,		,	,
13		MAINTENANCE OF PERSONNEL					
14		NURSING ADMINISTRATION	389,486	127,486	516,972	-10,145	506,827
15		CENTRAL SERVICES & SUPPLY	400 404	4 44 5 000	4 500 004	4 000 440	544 504
16		PHARMACY	423,191	1,116,033	1,539,224	-1,027,443	511,781
17 18		MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	414,169	310,769	724,938	-7,128	717,810
20		NONPHYSICIAN ANESTHETISTS					
21	2100						
22	2200						
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
0.5	0500	INPAT ROUTINE SRVC CNTRS	0.040.005	4 050 445		055 400	0.455.000
25 26		ADULTS & PEDIATRICS INTENSIVE CARE UNIT	2,842,806	1,269,415	4,112,221	-957 , 188 -38 , 295	3,155,033
27		CORONARY CARE UNIT	858,115	356,193	1,214,308	-30,293	1,176,013
28		BURN INTENSIVE CARE UNIT					
29		SURGICAL INTENSIVE CARE UNIT					
31		SUBPROVIDER					
33		NURSERY				444,277	444,277
34		SKILLED NURSING FACILITY					
35		NURSING FACILITY					
35.01		ICF/MR OTHER LONG TERM CARE					
30	3000	ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,789,822	3,744,333	5,534,155	-300,918	5,233,237
38		RECOVERY ROOM	,,	, , , , , , , , , , , , , , , , , , , ,	.,,	,	.,,
39	3900	DELIVERY ROOM & LABOR ROOM				444,277	444,277
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC	839,903	1,029,814	1,869,717	-522,666	1,347,051
42		RADIOLOGY-THERAPEUTIC	287,238	280,099	567,337	-111,043	456,294
43 44		RADIOISOTOPE LABORATORY	908,556	1,948,457	2,857,013	968	2,857,981
45		PBP CLINICAL LAB SERVICES-PRGM ONLY	500,550	1, 540, 457	2,037,013	500	2,037,301
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47		BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	500,485	505 , 930	1,006,415	-90 , 227	916,188
50		PHYSICAL THERAPY	786,049	432,610	1,218,659	-25,074	1,193,585
51 52		OCCUPATIONAL THERAPY SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	59,137	389,249	448,386		448,386
56		DRUGS CHARGED TO PATIENTS				990,910	990,910
57		RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
		CLINIC	177	30	207		207
60.02	6002	CLINIC	203,146	68,547	271,693		271,693
60.03	6003	CLINIC	169,909	156,928	326,837	-4,469	322,368
60.04		CLINIC		8,333	8,333		8,333
61		EMERGENCY	1,894,357	1,589,655	3,484,012	-23 , 655	3,460,357
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
64	6400	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70		I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
88	8800	SPEC PURPOSE COST CENTERS INTEREST EXPENSE					
88		UTILIZATION REVIEW-SNF					
90		OTHER CAPITAL RELATED COSTS					
92		AMBULATORY SURGICAL CENTER (D.P.)					
93		HOSPICE					
95		SUBTOTALS	15,211,025	26,646,125	41,857,150	-0-	41,857,150
		NONREIMBURS COST CENTERS					
96		GIFT, FLOWER, COFFEE SHOP & CANTEEN					
		GIFT, FLOWER, COFFEE SHOP & CANTEEN GIFT, FLOWER, COFFEE SHOP & CANTEEN		165,323	165,323		165,323
97		RESEARCH		100,020	100,020		100,020
-		·					

FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0076 I FROM 7/ 1/2007 I WORKSHEET A

I TO 6/30/2008 I Health Financial Systems MCRIF32 RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST		SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		NONREIMBURS COST CENTERS					
98	9800	PHYSICIANS' PRIVATE OFFICES	15,385	45,705	61,090		61,090
98.01	9801	PHYSICIANS' PRIVATE OFFICES	81,370	67,863	149,233		149,233
99	9900	NONPAID WORKERS					
101		TOTAL	15,307,780	26,925,016	42,232,796	-0-	42,232,796

FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0076 I FROM 7/ 1/2007 I WORKSHEET A

I TO 6/30/2008 I RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST		ADJUSTMENTS	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR	0	,
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2		OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	4,145	1,361,936
4		NEW CAP REL COSTS-MVBLE EQUIP	-121,488	1,242,833
5		EMPLOYEE BENEFITS	241,086	0 060 071
6 7		ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	-2,386,449	9,269,271
		OPERATION OF PLANT	-459	1,512,762
9		LAUNDRY & LINEN SERVICE	100	150,992
10		HOUSEKEEPING		770,132
11		DIETARY	-164,636	658,815
		CAFETERIA		
13 14		MAINTENANCE OF PERSONNEL		506,827
15		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY		300,027
16		PHARMACY	-296	511,485
17	1700	MEDICAL RECORDS & LIBRARY	-555	717,255
18	1800	SOCIAL SERVICE		
20		NONPHYSICIAN ANESTHETISTS		
21 22		NURSING SCHOOL I&R SERVICES-SALARY & FRINGES APPRVD		
		I&R SERVICES-OTHER PRGM COSTS APPRVD		
		PARAMED ED PRGM		
		INPAT ROUTINE SRVC CNTRS		
25		ADULTS & PEDIATRICS	-3,155	3,151,878
26		INTENSIVE CARE UNIT	-166	1,175,847
27 28		CORONARY CARE UNIT BURN INTENSIVE CARE UNIT		
29		SURGICAL INTENSIVE CARE UNIT		
31		SUBPROVIDER		
33		NURSERY		444,277
34		SKILLED NURSING FACILITY		
35		NURSING FACILITY		
35.01		ICF/MR OTHER LONG TERM CARE		
30	5000	ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-878,185	4,355,052
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROOM		444,277
40 41		ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	-3,180	1,343,871
		RADIOLOGY-THERAPEUTIC	-99,574	356,720
43	4300	RADIOISOTOPE	•	•
		LABORATORY		2,857,981
		PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 47		WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD STORING, PROCESSING & TRANS.		
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	-14,999	901,189
50		PHYSICAL THERAPY	-115	1,193,470
51		OCCUPATIONAL THERAPY		
52 53		SPEECH PATHOLOGY ELECTROCARDIOLOGY		
54		ELECTROENCEPHALOGRAPHY		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		448,386
56		DRUGS CHARGED TO PATIENTS		990,910
57		RENAL DIALYSIS		
58	5800	ASC (NON-DISTINCT PART)		
60	6000	OUTPAT SERVICE COST CNTRS CLINIC		
		CLINIC		207
60.02	6002	CLINIC	-37,750	233,943
60.03	6003	CLINIC	-202	322,166
		CLINIC		8,333
61 62		EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	-1,875,320	1,585,03/
02	0200	OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-RENTED		
		DURABLE MEDICAL EQUIP-SOLD		
	6900	I&R SERVICES-NOT APPRVD PRGM		
71		HOME HEALTH AGENCY		
		SPEC PURPOSE COST CENTERS		
		INTEREST EXPENSE		-0-
89 90		UTILIZATION REVIEW-SNF		-0- -0-
		OTHER CAPITAL RELATED COSTS AMBULATORY SURGICAL CENTER (D.P.)		U
93		HOSPICE		
95		SUBTOTALS	-5,341,298	36,515,852
0.0		NONREIMBURS COST CENTERS		
96 96.01		GIFT, FLOWER, COFFEE SHOP & CANTEEN GIFT, FLOWER, COFFEE SHOP & CANTEEN		
		GIFT, FLOWER, COFFEE SHOP & CANTEEN		165,323
97		RESEARCH		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PROVIDER NO: I PRIDD: I PREPARED 11/24/2008

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES I I S-0076 I FROM 7/ 1/2007 I WORKSHEET A

I TO 6/30/2008 I

ADJUSTMENTS NET EXPENSES FOR ALLOC 6 7 61,090 149,233 COST CENTER DESCRIPTION CENTER FOR ALI
6 7
61,090
149,233
-5,341,298 36,891,498 NONREIMBURS COST CENTERS
98 9800 PHYSICIANS' PRIVATE OFFICES
98.01 9801 PHYSICIANS' PRIVATE OFFICES
99 9900 NONPAID WORKERS
101 TOTAL

MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

O IN COST REPORT I 15-0076 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET COST CENTERS USED IN COST REPORT

	COST CENTERS USED IN COST REPORT		I 15-0076 I	I	FROM TO	1 7/ 1/2007 6/30/2008	I NOT
LINE NO	COST CENTER DESCRIPTION	CMS CODE	STANDARD	LABEL	FOR	NON-STANDARD	CODES
	GENERAL SERVICE COST						
1	OLD CAP REL COSTS-BLDG & FIXT	0100					
2	OLD CAP REL COSTS-MVBLE EQUIP	0200					
3	NEW CAP REL COSTS-BLDG & FIXT	0300					
4	NEW CAP REL COSTS-MVBLE EQUIP	0400 0500					
6	ADMINISTRATIVE & GENERAL	0600					
7	MAINTENANCE & REPAIRS	0700					
8	OPERATION OF PLANT	0800					
9	OLD CAP REL COSTS-BLOG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRINGES APPRVD I&R SERVICES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM INPAT ROUTINE SRVC C	0900					
10	HOUSEKEEPING	1000					
11	DIETARY	1100					
13	MAINTENANCE OF PERSONNEL	1200 1300					
14	NURSING ADMINISTRATION	1400					
15	CENTRAL SERVICES & SUPPLY	1500					
16	PHARMACY	1600					
17	MEDICAL RECORDS & LIBRARY	1700					
18	SOCIAL SERVICE	1800 2000					
21	NUMPHISICIAN ANESIHEIISIS NURSTNG SCHOOL	2100					
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200					
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300					
24	PARAMED ED PRGM	2400					
	INPAT ROUTINE SRVC C						
25	ADULTS & PEDIATRICS	2500 2600					
20	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT SUBPROVIDER NURSERY SKILLED NURSING FACILITY NURSING FACILITY LOG AND	2700					
28	BURN INTENSIVE CARE UNIT	2800					
29	SURGICAL INTENSIVE CARE UNIT	2900					
31	SUBPROVIDER	3100					
33	NURSERY	3300					
34	SKILLED NURSING FACILITY	3400					
35 35 N1	ICF/MR	3500 3510					
	OTHER LONG TERM CARE	3600					
	ANCILLARY SRVC COST						
37	OPERATING ROOM	3700					
38	RECOVERY ROOM	3800					
39	DELIVERY ROOM & LABOR ROOM	3900 4000					
4 U	RADIOLOGY-DIAGNOSTIC	4100					
42	RADIOLOGY-THERAPEUTIC	4200					
43	RADIOISOTOPE	4300					
44	LABORATORY	4400					
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500					
46	BLOOD STORING PROCESSING CELLS	4600 4700					
48	INTRAVENOUS THERAPY	4800					
49	RESPIRATORY THERAPY	4900					
50	PHYSICAL THERAPY	5000					
51	OCCUPATIONAL THERAPY	5100					
52	SPEECH PATHOLOGY	5200					
5.4	ELECTROENCEPHALOGRAPHY	5300 5400					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500					
56	DRUGS CHARGED TO PATIENTS	5600					
57	RECOVERY ROOM & LABOR ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOLOGY-DIAGNOSTIC RADIOISOTOPE LABORATORY PEP CLINICAL LAB SERVICES-PRGM ONLY WHOLE BLOOD & PACKED RED BLOOD CELLS BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ADDITIONAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) OUTPAT SERVICE COST	5700					
58	ASC (NON-DISTINCT PART)	5800					
60	OUTPAT SERVICE COST CLINIC	6000					
	CLINIC	6001	CLINIC				
	CLINIC	6002	CLINIC				
	CLINIC	6003	CLINIC				
	CLINIC	6004	CLINIC				
61	EMERGENCY	6100					
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST	6200					
	HOME PROGRAM DIALYSIS	6400					
65	AMBULANCE SERVICES	6500					
66	DURABLE MEDICAL EQUIP-RENTED	6600					
67	DURABLE MEDICAL EQUIP-SOLD	6700					
69	CORF	6900					
70 71	I&R SERVICES-NOT APPRVD PRGM HOME HEALTH AGENCY	7000 7100					
/ ±	SPEC PURPOSE COST CE	1100					
88	INTEREST EXPENSE	8800					
89	UTILIZATION REVIEW-SNF	8900					
90	OTHER CAPITAL RELATED COSTS	9000					
92	AMBULATORY SURGICAL CENTER (D.P.)	9200					
93 95	HOSPICE SUBTOTALS	9300 0000					
	NONREIMBURS COST CEN	5500					

9800

GIFT, FLOWER, COFFEE SHOP & CANTEEN GIFT, FLOWER, COFFEE SHOP & CANTEEN

96 96.01 96.02 97 98

SUBIOIALS
NONREIMBURS COST CEN
GIFT, FLOWER, COFFEE SHOP & CANTEEN
GIFT, FLOWER, COFFEE SHOP & CANTEEN
GIFT, FLOWER, COFFEE SHOP & CANTEEN
RESEARCH
PHYSICIANS' PRIVATE OFFICES

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I

LINE NO. COST CENTER DESCRIPTION CMS CODE STANDARD LABEL FOR NON-STANDARD CODES NONREIMBURS COST CEN

98.01 PHYSICIANS' PRIVATE OFFICES 9801 PHYSICIANS' PRIVATE OFFICES

99 NONPAID WORKERS 9900

101 TOTAL 00000

MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (09/1996)

| PROVIDER NO: | PERIOD: | PREPARED 11/24/2008

| 150076 | FROM 7/ 1/2007 | WORKSHEET A-6

| TO 6/30/2008 | Health Financial Systems RECLASSIFICATIONS

----- INCREASE --CODE LINE (1) COST CENTER EXPLANATION OF RECLASSIFICATION SALARY OTHER NO 1,369,687 1 RECLASS MME EXPENSE A NEW CAP REL COSTS-MVBLE EQUIP 5 8 10 11 12 14 15 B PHARMACY 16 15.660 19 EQUIPMENT RECLASS 21 22 23 26 BUILDING RECLASS C NEW CAP REL COSTS-BLDG & FIXT 22,338 3 28 BLDG, IMPROV & FIX DEPR EXP RECLASS D NEW CAP REL COSTS-BLDG & FIXT 3 993,182 30 32 INTEREST EXPENSE RECLASS E NEW CAP REL COSTS-BLDG & FIXT 320,681 33 OBSTETRICS RECLASS TO L&D & NURSERY F NURSERY 33 123,596 123,596 DELIVERY ROOM & LABOR ROOM 320,681 39 G NEW CAP REL COSTS-BLDG & FIXT 35 PROPERTY INSURANCE RECLASS 3 35,519 1 PHARMACY DRUG RECLASS I DRUGS CHARGED TO PATIENTS J LABORATORY 990,910 2 DEPT DIRECTORS RECLASS 44 50,000 EMERGENCY 16,346 4 RECLASS-CLOSE OUT NEGATIVE FB AMOUNT K EMPLOYEE BENEFITS 301,740 4,384,845 36 TOTAL RECLASSIFICATIONS

⁽¹⁾ A letter (A, B, etc) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

I TO 6/30/2008 I

----- DECREASE -CODE LINE A-7 (1) COST CENTER SALARY OTHER EXPLANATION OF RECLASSIFICATION NO REF 10 A ADMINISTRATIVE & GENERAL 1 RECLASS MME EXPENSE 1,182 ADMINISTRATIVE & GENERAL OPERATION OF PLANT 36,352 39,523 253 4,675 HOUSEKEEPING 5 DIETARY 11 NURSING ADMINISTRATION 10,145 16 17 PHARMACY 52,193 MEDICAL RECORDS & LIBRARY 7,128 ADULTS & PEDIATRICS INTENSIVE CARE UNIT 25 68,154 26 10 38,070 11 OPERATING ROOM 300,918 RADIOLOGY-DIAGNOSTIC 12 41 522,113 RADIOLOGY-THERAPEUTIC 14 LABORATORY 44 49,032 9 RESPIRATORY THERAPY 49 84,658 15 PHYSICAL THERAPY 3,507 60.03 4,469 CLINIC EMERGENCY 40,001 NEW CAP REL COSTS-MVBLE EQUIP 19 EQUIPMENT RECLASS 4 5,366 OPERATION OF PLANT 1,137 ADULTS & PEDIATRICS INTENSIVE CARE UNIT 21 25 480 9 22 26 225 23 RADIOLOGY-DIAGNOSTIC 41 553 RADIOLOGY-THERAPEUTIC 2,330 24 42 RESPIRATORY THERAPY OPERATION OF PLANT 5,569 26 BUILDING RECLASS 8 2.458 PHYSICAL THERAPY
D ADMINISTRATIVE & GENERAL 28 BLDG, IMPROV & FIX DEPR EXP RECLASS 6 935,665 9 OPERATION OF PLANT 54,431 30 RADIOLOGY-THERAPEUTIC 1,399 PHYSICAL THERAPY 1,687 50 32 INTEREST EXPENSE RECLASS E ADMINISTRATIVE & GENERAL 11 320,681 33 OBSTETRICS RECLASS TO L&D & NURSERY F ADULTS & PEDIATRICS ADULTS & PEDIATRICS 123,596 123,596 320,681 35 PROPERTY INSURANCE RECLASS G NEW CAP REL COSTS-BLDG & FIXT 3 35,519 12 1 PHARMACY DRUG RECLASS I PHARMACY J ADMINISTRATIVE & GENERAL 990,910 DEPT DIRECTORS RECLASS 66,346 4 RECLASS-CLOSE OUT NEGATIVE FB AMOUNT K ADMINISTRATIVE & GENERAL 301.740 6 36 TOTAL RECLASSIFICATIONS 641,362 4,384,845

⁽¹⁾ A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(09/1996)

ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 15-0076 I FROM 7/1/2007 I WORKSHEET A-7

COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I TO 6/30/2008 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION			ACQUISITIONS		DISPOSALS		FULLY
		BEGINNING BALANCES 1	PURCHASES	DONATION 3	TOTAL 4	AND RETIREMENTS 5	ENDING BALANCE 6	DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION			ACQUISITIONS		DISPOSALS		FULLY
		BEGINNING				AND	ENDING	DEPRECIATED
		BALANCES	PURCHASES	DONATION	TOTAL	RETIREMENTS	BALANCE	ASSETS
		1	2	3	4	5	6	7
1	LAND	477,930					477,930	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	30,054,866	2,322,595		2,322,595		32,377,461	14,166,208
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	154,921,314	2,115,344		2,115,344	810,981	156,225,677	4,237,322
7	SUBTOTAL	185,454,110	4,437,939		4,437,939	810,981	189,081,068	18,403,530
8	RECONCILING ITEMS							
9	TOTAL	185,454,110	4,437,939		4,437,939	810,981	189,081,068	18,403,530

	DESCRIPTION			OF RATIOS		ALLO	CATION OF OTH		
			CAPITLIZED G					OTHER CAPITAL	
			LEASES		RATIO			RELATED COSTS	TOT
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				
	DESCRIPTION			SUMMARY OF O	LD AND NEW CAP				
							OTHER CAPITAL		
		DEPRECIATION					RELATED COST		
*		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	1,015,520		342,271	4,145			1,361,936	
4	NEW CAP REL COSTS-MV	1,364,321		-121,488				1,242,833	
5	TOTAL	2,379,841		220,783	4,145			2,604,769	
ד דק	V - RECONCILIATION OF A	MOUNTS FROM WO	BKCHEET A C	OLUMN 2 LINE	S 1 THRH A				
	DESCRIPTION	11001110 111011 110			LD AND NEW CAP	TTAI.			
	DEDORATI I I ON			0011111111			OTHER CAPITAI		
		DEPRECIATION	T.FASF	INTEREST	INSURANCE		RELATED COST		
*		9	10		12		14	15	
1	OLD CAP REL COSTS-BL	,							
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-BL								

^{*} All lines numbers except line 5 are to be consistent with Workhseet A line numbers for capital cost centers.

(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.

Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(05/1999)

I PROVIDER NO: I PROVIDER NO: I PRIDE I PROVIDER NO: I PRIDE I PROPERTOR I PROVIDER NO: I PRIDE I PROPERTOR I P

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH AMOUNT IS TO BE ADJUSTED COST CENTER 3	THE LINE NO 4	
2 3 4 5	INVESIMENT INCOME-OTHER	В	-121,488	OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E	1 2 3 4	11
6 7 8 9 10 11	TRADE, QUANTITY AND TIME DISCOUNTS REFUNDS AND REBATES OF EXPENSES RENTAL OF PRVIDER SPACE BY SUPPLIERS TELEPHONE SERVICES TELEVISION AND RADIO SERVICE PARKING LOT					
12 13	PROVIDER BASED PHYSICIAN ADJUSTMENT SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS					
	CAFETERIAEMPLOYEES AND GUESTS RENTAL OF QTRS TO EMPLYEE AND OTHRS SALE OF MED AND SURG SUPPLIES			DIETARY	11	
19	SALE OF MEDICAL RECORDS & ABSTRACTS	В	-600	ADMINISTRATIVE & GENERAL MEDICAL RECORDS & LIBRARY		
22	NURSG SCHOOL (TUITN, FEES, BOOKS, ETC.) VENDING MACHINES INCOME FROM IMPOSITION OF INTEREST	В	-450	MEDICAL RECORDS & LIBRARY	17	
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25 26	ADJUSTMENT FOR RESPIRATORY THERAPY ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4 A-8-3/A-8-4 A-8-3		RESPIRATORY THERAPY PHYSICAL THERAPY	49 50	
27 28	ADJUSTMENT FOR HHA PHYSICAL THERAPY UTILIZATION REVIEW-PHYSIAN COMP	A-8-3		UTILIZATION REVIEW-SNF	8.9	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	0,5	
3.0	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 33	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
34	PHYSICIANS' ASSISTANT			NONFHISICIAN ANESTHETISTS	20	
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 38	EDUCATION REVENUE	В	-2,696	ADULTS & PEDIATRICS	25	
30	RENT REVENUE	В	-3,125 -91 574	PADIOLOGI-DIAGNOSIIC	41	
40	RENT REVENUE	В	-3,366	RESPIRATORY THERAPY	49	
41	ATHLETIC TRAINER REVENUE	В	-37,750	CLINIC	60.02	
42	MEDICAL STAFF DUES & OTHER REVENUE	В	-35,038	ADMINISTRATIVE & GENERAL	6	
43	GAIN ON SALE OF PROP & EQUIP	В	-18,000	RADIOLOGY-THERAPEUTIC	42	
44	BAD DEBT EXPENSE	A	-2,908,611	ADMINISTRATIVE & GENERAL	6	
45	BAD DEBT EXPENSE	A	-3,399	OPERATING ROOM	37	
47	BAD DEBT EXPENSE	A	-841.858	EMERGENCY	61	
48	ENTERTAINMENT EXPENSE	A	-459	ADMINISTRATIVE & GENERAL	6	
48.01	ENTERTAINMENT EXPENSE	A	-6,860	ADMINISTRATIVE & GENERAL	6	
48.02	ENTERTAINMENT EXPENSE	A	-459	OPERATION OF PLANT	8	
48.03	ENTERTAINMENT EXPENSE	A	-296	PHARMACY	16	
48.04	ENTERTAINMENT EXPENSE	A	-105	MEDICAL RECORDS & LIBRARY	1 /	
48.05	ENTERTAINMENT EXPENSE ENTERTAINMENT EXPENSE	Α Δ	-459 -166	ADDLES & PEDIALKICS	26	
48.07	ENTERTAINMENT EXPENSE	A	-161	OPERATING ROOM	37	
48.08	ENTERTAINMENT EXPENSE	A	-55	RADIOLOGY-DIAGNOSTIC	41	
48.09	ENTERTAINMENT EXPENSE	A	-115	PHYSICAL THERAPY	50	
48.10	ENTERTAINMENT EXPENSE	A	-202	CLINIC	60.03	
48.11	ENTERTAINMENT EXPENSE	A	-414	EMERGENCY	61	
48.12	UNUSUAL EXPENSE OTHER ADJUSTMENTS (SPECIFY)	A	-451,8/4	ADMINISTRATIVE & GENERAL	ь	
50	DEPRECIATION-NEW BLDGS AND FIXTURES DEPRECIATION-NEW MOVABLE EQUIP NON-PHYSICIAN ANESTHETIST PHYSICIANS' ASSISTANT ADJUSTMENT FOR OCCUPATIONAL THERAPY ADJUSTMENT FOR OPECH PATHOLOGY EDUCATION REVENUE RENT REVENUE RENT REVENUE RENT REVENUE RENT REVENUE RENT REVENUE ATHLETIC TRAINER REVENUE MEDICAL STAFF DUES & OTHER REVENUE GAIN ON SALE OF PROP & EQUIP BAD DEBT EXPENSE BAD DEBT EXPENSE BAD DEBT EXPENSE ENDE EXPENSE ENTERTAINMENT EXPENSE UNUSUAL EXPENSE OTHER ADJUSTMENTS (SPECIFY) TOTAL (SUM OF LINES 1 THRU 49)		-5,341,298			

⁽¹⁾ Description - all chapter references in this columnpertain to CMS Pub. 15-I.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7

Health Financial Systems MCRI STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND MCRIF32

HOME OFFICE COSTS

FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/20

I 15-0076 I FROM 7/ 1/2007 I

I TO 6/30/2009 I MODESUFET 3-9-1 I PREPARED 11/24/2008 WORKSHEET A-8-1 T TO 6/30/2008 I

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

		AMOUNT OF		NET*	WKSHT A-7
		ALLOWABLE		ADJUST-	COL. REF.
COST CENTER	EXPENSE ITEMS	COST	AMOUNT	MENTS	
2	3	4	5	6	
ADMINISTRATIVE & GENERAL	HO REPORT NON CAP RELATED	6,124,837	5,873,020	251,817	
EMPLOYEE BENEFITS	EMPLOYEE HEALTH STOP LOSS	97,180	164,864	-67,684	
EMPLOYEE BENEFITS	WORKER'S COMP	19,612	89,174	-69,562	
NEW CAP REL COSTS-BLDG &	PROPERTY INSURANCE	39,664	35,519	4,145	12
ADMINISTRATIVE & GENERAL	MALPRACICE INSURANCE	60,352	251,528	-191,176	
ADMINISTRATIVE & GENERAL	RISK INSURANCE	47,005	49,373	-2,368	
EMPLOYEE BENEFITS	PENSION	969,045	590,713	378,332	
ADMINISTRATIVE & GENERAL	RETIREE HEALTH	10,431	-107,895	118,326	
ADMINISTRATIVE & GENERAL	HO REPORT CAP RELATED COS	943,079		943,079	
TOTALS		8,311,205	6,946,296	1,364,909	
	ADMINISTRATIVE & GENERAL EMPLOYEE BENEFITS EMPLOYEE BENEFITS NEW CAP REL COSTS-BLDG & ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL BMPLOYEE BENEFITS EMPLOYEE BENEFITS WORKER'S COMP NEW CAP REL COSTS-BLDG & PROPERTY INSURANCE ADMINISTRATIVE & GENERAL HO REPORT CAP RELATED COS	ALLOWABLE COST	ALLOWABLE COST CENTER EXPENSE ITEMS COST AMOUNT 2 3 4 5 5 6 7 6 6 124 837 5 873,020	ALLOWABLE COST CENTER EXPENSE ITEMS COST AMOUNT MENTS 2 ADMINISTRATIVE & GENERAL HOREPORT NON CAP RELATED 6,124,837 5,873,020 251,817 EMPLOYEE BENEFITS EMPLOYEE HEALTH STOP LOSS 97,180 164,864 -67,684 EMPLOYEE BENEFITS WORKER'S COMP 19,612 89,174 -69,562 NEW CAP REL COSTS-BLDG & PROPERTY INSURANCE 39,664 35,519 4,145 ADMINISTRATIVE & GENERAL MALPRACICE INSURANCE 60,352 251,528 -191,176 ADMINISTRATIVE & GENERAL RISK INSURANCE 47,005 49,373 -2,368 EMPLOYEE BENEFITS PENSION 969,045 590,713 378,332 ADMINISTRATIVE & GENERAL RETIREE HEALTH 10,431 -107,895 118,326 ADMINISTRATIVE & GENERAL RETIREE HEALTH 10,431 -107,895 943,079

 \star THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE: THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

	SYMBOL	NAME	PERCENTAGE	RELATED	ORGANIZATION(S) AND/OR	HOME OFFICE
	(1)		OF	NAME	PERCENTAGE OF	TYPE OF
			OWNERSHIP		OWNERSHIP	BUSINESS
	1	2	3	4	5	6
1	G		100.00	TRINITY HEALTH	100.00	PARENT
2	G		100.00	SJRMC-INC	100.00	HOME OFFICE
3	G	SJRMC- SOUTH BEND	100.00		100.00	HOSPITAL
4	G	SJCH - MISHAWAKA	100.00		100.00	HOSPITAL
5	G	OUR LADY OF PEACE	100.00		100.00	HOSPITAL

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERELATIONSHIP TO RELATED ORGANIZATIONS:
 - INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED
 - ORGANIZATION AND IN PROVIDER.
 CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON
 - HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED
 - ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)

| PROVIDER BASED PHYSICIAN ADJUSTMENTS | 1 15-0076 | 1 FROM 7/1/2007 | 1 WORKSHEET A-8-2
| To 6/30/2008 | 1 GROUP 1

1 2	WKSHT A LINE NO. 1 6 AGGREGA 37 AGGREGA	TE	TOTAL REMUN- ERATION 3 120,703 874,625	PROFES- SIONAL COMPONENT 4 81,350 874,625	PROVIDER COMPONENT 5 39,353	RCE AMOUNT 6 142,500	PHYSICIAN/ PROVIDER COMPONENT HOURS 7 263	UNADJUSTED RCE LIMIT 8 18,018	5 PERCENT OF UNADJUSTED RCE LIMIT 9
3	44 AGGREGA 61 AGGREGA		50,000 1,045,037	1,028,691	50,000 16,346	208,000 142,500	1,175 175	117,500 11,989	5,875 599
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 30 30 30 30 30 30 30 30 30 30 30 30									
101	TOTA	Ш	2,090,365	1,984,666	105,699		1,613	147,507	7,375

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CS2552-96(9/1996)

| PROVIDER BASED PHYSICIAN ADJUSTMENTS | 1 15-0076 | 1 FROM 7/ 1/2007 | 1 WORKSHEET A-8-2
| To be a controlled by the co

1	WKSH LINE 10 6		COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16 18,018	RCE DIS- ALLOWANCE 17 21,335	ADJUSTMENT 18 102,685
2	37	AGGREGATE						,	874,625
3	44	AGGREGATE					117,500		
4 5	61	AGGREGATE					11,989	4,357	1,033,048
6									
7									
8									
9 10									
11									
12									
13									
14									
15 16									
17									
18									
19									
20 21									
22									
23									
24									
25									
26 27									
28									
29									
30									
101		TOTAL					147,507	25,692	2,010,358

LINE N	O. COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	CAFETERIA FTES	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	NURSING FTES	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	С	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)

I PROVIDER NO: I PERIOD: I PREPARED 1/24/2008

COST ALLOCATION - GENERAL SERVICE COSTS I 15-0076 I FORM 7/ 1/2007 I WORKSHEET B

I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION		C OLD CAP REL C OSTS-MVBLE E				SUBTOTAL
	DESCRIPTION	0	1	2	3	4	5	5a.00
001		Ü	-	2	J	-	J	54.55
002		1,361,936			1,361,936			
003		1,242,833			1,301,930	1,242,833		
005		, , , ,				, , , , , , , , , , , , , , , , , , , ,		
006		9,269,271			178,994	34,058		9,482,323
007		1 510 760			267 021	25 062		1 015 646
008		1,512,762 150,992			267,021 6,419			1,815,646 157,411
010		770,132			13,685			784,047
011		658,815			23,970			687,027
012					21,269			21,269
013 014		506,827				9,205		516,032
015		300,027			36,034	3,203		36,034
016		511,485			13,145	47,359		571,989
017		717,255			41,457	6,468		765,180
018								
020								
022								
023	I&R SERVICES-OTHER PRGM C							
024								
025	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,151,878			192,096	61,842		3,405,816
026		1,175,847			39,381			1,249,772
027	CORONARY CARE UNIT							
028								
029 031								
033		444,277			4,343			448,620
034		,			,			.,
035								
035 036	01 ICF/MR OTHER LONG TERM CARE							
036	ANCILLARY SRVC COST CNTRS							
037		4,355,052			154,420	273,048		4,782,520
038								
039		444,277			8,918			453,195
040		1,343,871			73,964	473,758		1,891,593
042		356,720			95,857			549,952
043	RADIOISOTOPE							•
044		2,857,981			40,091	44,491		2,942,563
045 046								
047								
048	INTRAVENOUS THERAPY							
049		901,189			25,866			1,003,872
050 051		1,193,470			44,370	3,182		1,241,022
052								
053								
054		440 206						440 206
055 056		448,386 990,910						448,386 990,910
057		330,310						330,310
058								
0.55	OUTPAT SERVICE COST CNTRS							
060	CLINIC 01 CLINIC	207						207
	02 CLINIC	233,943						233,943
060	03 CLINIC	322,166				4,055		326,221
	04 CLINIC	8,333						8,333
061 062		1,585,037			77,734	36,296		1,699,067
002	OTHER REIMBURS COST CNTRS							
064								
065								
066 067								
069								
070								
071	HOME HEALTH AGENCY							
092	SPEC PURPOSE COST CENTERS AMBULATORY SURGICAL CENTE							
092								
095		36,515,852			1,359,034	1,242,833		36,512,950
	NONREIMBURS COST CENTERS							
096					2,902			2,902
096	01 GIFT, FLOWER, COFFEE SHOP 02 GIFT, FLOWER, COFFEE SHOP	165,323						165,323
097		_00,020						- 30 , 023
098	PHYSICIANS' PRIVATE OFFIC	61,090						61,090
098	01 PHYSICIANS' PRIVATE OFFIC	149,233						149,233

Health Financial	Systems	MCRIF32	FOR SAIN	T JOSEPH	REG N	MED (CTR-PL	Y CAMPUS	IN I	LIEU	OF FOR	M CMS-2552	-96((9/1997) CONTD
							I	PROVIDER	NO:		I PERIO	D:	I	PREPARED 11/24/2008
	COST ALLOCA	TION - GENERAL	SERVICE	COSTS			I	15-0076			FROM	7/ 1/2007	I	WORKSHEET B
							I				I TO	6/30/2008	I	PART I

	COST CENTER	NET EXPENSES FOR COST	OLD CAP REL (C OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C NOSTS-BLDG & O		MPLOYEE BENE	SUBTOTAL
099 101 102	DESCRIPTION NONREIMBURS COST CENTERS NONPAID WORKERS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER	ALLOCATION 0	1	2	3	4	5	5a.00
103	TOTAL	36,891,498			1,361,936	1,242,833		36,891,498

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (9/1997) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

COST ALLOCATION - GENERAL SERVICE COSTS I 15-0076 I FORM 7/ 1/2007 I WORKSHEET B

I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	ADMINISTRATIV E & GENERAL		OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
001 002 003 004	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E							
005 006	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL	9,482,323						
007 008	MAINTENANCE & REPAIRS OPERATION OF PLANT	628,130		2,443,776				
009	LAUNDRY & LINEN SERVICE	54,457		17,126	228,994	1 001 004		
010 011	HOUSEKEEPING DIETARY	271,244 237,680		36,513 63,954		1,091,804 29,214	1,017,875	
012 013	CAFETERIA MAINTENANCE OF PERSONNEL	7,358		56,747		25,922		111,296
014	NURSING ADMINISTRATION	178,523		0.5.4.40		40.045		3,290
015 016	CENTRAL SERVICES & SUPPLY PHARMACY	12,466 197,882		96,142 35,071		43,917 16,020		3,290
017 018 020	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS			110,612		50,527		5,483
021 022 023 024	NURSING SCHOOL I&R SERVICES-SALARY & FRI I&R SERVICES-OTHER PRGM C PARAMED ED PRGM INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,178,256		512,534	80,657	234,122	834,996	23,025
026 027	INTENSIVE CARE UNIT CORONARY CARE UNIT	432,364		105,073	18,544	47,997	182,879	7,127
028 029	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER			44 505	B 504	5 000		0.744
033 034	NURSERY SKILLED NURSING FACILITY	155,202		11,587	7,591	5,293		2,741
035	NURSING FACILITY 01 ICF/MR							
036	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS							
037 038	OPERATING ROOM RECOVERY ROOM	1,654,540		412,011	46,387	188,205		16,448
039	DELIVERY ROOM & LABOR ROO ANESTHESIOLOGY	156,785		23,795	7,591	10,870		2,741
041	RADIOLOGY-DIAGNOSTIC	654,404		197,344	21,237	90,146		7,676
042 043	RADIOLOGY-THERAPEUTIC RADIOISOTOPE	190,258		255,758	4,563	116,829		2,193
044	LABORATORY PBP CLINICAL LAB SERVICES	1,017,991		106,966		48,862		12,062
046 047 048	WHOLE BLOOD & PACKED RED BLOOD STORING, PROCESSING INTRAVENOUS THERAPY							
049 050 051 052 053 054	RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	347,294 429,337		69,012 118,384	5,401 14,092	31,525 54,077		4,934 7,676
055 056	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS	155,121 342,809			2,354			1,097
057 058 060	REMAL DIALYSIS ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS CLINIC 01 CLINIC	72						
060	02 CLINIC	80,934						
	03 CLINIC 04 CLINIC	112,857 2,883						
061 062	EMERGENCY OBSERVATION BEDS (NON-DIS	587,799		207,404	20,577	94,741		11,513
064	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS							
065 066	AMBULANCE SERVICES DURABLE MEDICAL EQUIP-REN							
067 069	DURABLE MEDICAL EQUIP-SOL							
070								
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
093 095	HOSPICE SUBTOTALS	9,351,363		2,436,033	228,994	1,088,267	1,017,875	111,296
096	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	1,004		7,743		3,537		
096	01 GIFT, FLOWER, COFFEE SHOP 02 GIFT, FLOWER, COFFEE SHOP							
098								
098	01 PHYSICIANS' PRIVATE OFFIC	51,628						

Health Financial Systems	MCRIF32	FOR	SAINT	JOSEPH	REG	MED	CTR-PLY	CAMPUS	IN LIE	U OF	FORM	CMS-2552-	-96 (9/1997)CO	NTD	
							I	PROVIDER	NO:	I Pl	ERIOD:		I	PREPARED	11/24/200	08

I PROVIDER NO: 1 PERIOD: 1 PREFARED 11/24/2

COST ALLOCATION - GENERAL SERVICE COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET B

I I TO 6/30/2008 I PART I

	COST CENTER	ADMINISTRATIV E & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	DESCRIPTION	6	7	8	9	10	11	12
099 101 102	NONREIMBURS COST CENTERS NONPAID WORKERS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER							
103	TOTAL	9,482,323		2,443,776	228,994	1,091,804	1,017,875	111,296

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (9/1997) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

COST ALLOCATION - GENERAL SERVICE COSTS I 15-0076 I FORM 7/ 1/2007 I WORKSHEET B

I TO 6/30/2008 I PART I

	COST CENTER DESCRIPTION	NURSING ADMIN CE ISTRATION CE			MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
001 002	GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E	14	15	16	17	18	20
003 004 005	NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS						
006 007 008 009	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE						
010 011 012	HOUSEKEEPING DIETARY CAFETERIA						
013 014 015 016	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY	697,845	188,559 44,689	868,941			
017 018 020	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS		313	000,341	1,196,832		
021 022 023 024	NURSING SCHOOL IAR SERVICES-SALARY & FRI IAR SERVICES-OTHER PRGM C PARAMED ED PRGM INPAT ROUTINE SRVC CNTRS						
025 026 027 028	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	236,368 73,161	8,485 2,509	1,232 183	101,922 48,625		
029 031 033	SURGICAL INTENSIVE CARE U SUBPROVIDER NURSERY	28,139	1,402		8,062		
034 035 035 036	SKILLED NURSING FACILITY NURSING FACILITY 01 ICF/MR OTHER LONG TERM CARE						
037 038	ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM	168,833	50,448	5,998	203,101		
039 040	DELIVERY ROOM & LABOR ROO ANESTHESIOLOGY	28,139	1,402		14,625		
041 042 043	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE	22,511	11,495 749	111,380	216,602 40,633		
044 045 046 047	LABORATORY PBP CLINICAL LAB SERVICES WHOLE BLOOD & PACKED RED BLOOD STORING, PROCESSING		34,035	57	156,641		
048 049 050 051 052	INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY		3,119 4,032	354 1,254	72,738 33,798		
053 054 055 056	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS		16,569	711,056	79,074 101,591		
057 058 060	RENAL DIALYSIS ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS CLINIC						
060	01 CLINIC 02 CLINIC		1		7		
060	03 CLINIC 04 CLINIC	22,511	3,296	36,932	859		
061 062 064	EMERGENCY OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS	118,183	6,015	495	118,554		
065 066 067 069 070 071							
092 093 095	SPEC PURPOSE COST CENTERS AMBULATORY SURGICAL CENTE HOSPICE SUBTOTALS	697,845	188,559	868,941	1,196,832		
	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP 01 GIFT, FLOWER, COFFEE SHOP 02 GIFT, FLOWER, COFFEE SHOP RESEARCH						
098							

Health Financial Systems MCR	IF32 FOR	SAINT JOSEPH RE	G MED CTR-PLY CA I PRO		J OF FORM CMS-25 I PERIOD:		97)CONTD PARED 11/24/2008
COST ALLOCATION	- GENERAL SERV	ICE COSTS			I FROM 7/ 1/20 I TO 6/30/20	007 I WO	PART I
COST CENTER DESCRIPTION	MAINTENANCE F PERSONNEL	O NURSING ADMIN ISTRATION	CENTRAL SERVI P CES & SUPPLY		MEDICAL RECOR S DS & LIBRARY B		IC NONPHYSICIAN ANESTHETISTS
NONREIMBURS COST CENTER: 099 NOMPAID WORKERS 101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER	13	14	15	16	17	18	20
103 TOTAL		697,845	188,559	868,941	1,196,832		

		COST CENTER DESCRIPTION	NURSING SO	CHOO I&R SERVICES- SALARY & FRI	- I&R SERVICES- OTHER PRGM C		SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		DEBORET TION	21	22	23	24	25	26	27
001 002 003		GENERAL SERVICE COST CNTR OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-BLDG &		22	23	24	23	20	27
004 005		NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
007		MAINTENANCE & REPAIRS							
008		OPERATION OF PLANT LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
011		DIETARY							
012 013		CAFETERIA MAINTENANCE OF PERSONNEL							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
016		PHARMACY							
017 018		MEDICAL RECORDS & LIBRARY SOCIAL SERVICE							
020		NONPHYSICIAN ANESTHETISTS							
021		NURSING SCHOOL							
022 023		I&R SERVICES-SALARY & FRI I&R SERVICES-OTHER PRGM C							
023		PARAMED ED PRGM							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS					6,617,413		6,617,413
026 027		INTENSIVE CARE UNIT CORONARY CARE UNIT					2,168,234		2,168,234
028		BURN INTENSIVE CARE UNIT							
029		SURGICAL INTENSIVE CARE U							
031 033		SUBPROVIDER NURSERY					668,637		668,637
033		SKILLED NURSING FACILITY					000,037		000,037
035		NURSING FACILITY							
	01	ICF/MR							
036		OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM					7,528,491		7,528,491
038		RECOVERY ROOM							
039 040		DELIVERY ROOM & LABOR ROO ANESTHESIOLOGY					699,143		699,143
041		RADIOLOGY-DIAGNOSTIC					3,201,877		3,201,877
042		RADIOLOGY-THERAPEUTIC					1,183,446		1,183,446
043		RADIOISOTOPE					4 210 177		4 210 177
044		LABORATORY PBP CLINICAL LAB SERVICES					4,319,177		4,319,177
046		WHOLE BLOOD & PACKED RED							
047		BLOOD STORING, PROCESSING							
048		INTRAVENOUS THERAPY RESPIRATORY THERAPY					1,538,249		1,538,249
050		PHYSICAL THERAPY					1,903,672		1,903,672
051		OCCUPATIONAL THERAPY							
052 053		SPEECH PATHOLOGY ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED					686,032		686,032
056 057		DRUGS CHARGED TO PATIENTS RENAL DIALYSIS					2,162,935		2,162,935
058		ASC (NON-DISTINCT PART)							
		OUTPAT SERVICE COST CNTRS							
060	0.1	CLINIC CLINIC					287		287
		CLINIC					314,877		314,877
		CLINIC					502,676		502,676
	04	CLINIC					11,216		11,216
061 062		EMERGENCY OBSERVATION BEDS (NON-DIS					2,864,348		2,864,348
		OTHER REIMBURS COST CNTRS							
064		HOME PROGRAM DIALYSIS							
065 066		AMBULANCE SERVICES DURABLE MEDICAL EQUIP-REN							
067		DURABLE MEDICAL EQUIP-SOL							
069		CORF							
070 071		I&R SERVICES-NOT APPRVD P HOME HEALTH AGENCY							
0/1		SPEC PURPOSE COST CENTERS							
092		AMBULATORY SURGICAL CENTE							
093		HOSPICE					26 270 710		26 270 710
095		SUBTOTALS NONREIMBURS COST CENTERS					36,370,710		36,370,710
096		GIFT, FLOWER, COFFEE SHOP					15,186		15,186
		GIFT, FLOWER, COFFEE SHOP					000 515		000 515
096 097	02	GIFT, FLOWER, COFFEE SHOP RESEARCH					222,517		222,517
098		PHYSICIANS' PRIVATE OFFIC					82,224		82,224
098	01	PHYSICIANS' PRIVATE OFFIC					200,861		200,861

Health Financial		MCRIF32 TION - GENERAL		REG MED	I F	CAMPUS PROVIDER L5-0076	NO:	I PERIOD I FROM		I F	/1997)CONTD PREPARED 11/24/2008 WORKSHEET B PART I
	COST CENTER DESCRIPTION	NURSING L	I&R SERVICE SALARY & FR		SERVICES- R PRGM C		ED PR	SUBTOTAI	POST	R COST	P-
		21	22		23	24		25		26	27

099 101 102 103

NONREIMBURS COST CENTERS NONPAID WORKERS CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER TOTAL 36,891,498 36,891,498 Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

ALLOCATION OF NEW CAPITAL RELATED COSTS I 15-0076 I FORM 7/ 1/2007 I WORKSHEET B

I TO 6/30/2008 I PART III

		COST CENTER DESCRIPTION				C NEW CAP REL C E OSTS-BLDG &		SUBTOTAL	EMPLOYEE BENE FITS
			0	1	2	3	4	4a	5
001 002 003 004		GENERAL SERVICE COST CNT OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE 1 NEW CAP REL COSTS-BUDG & NEW CAP REL COSTS-MVBLE 1	Ξ						
005 006		EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL				178,994	34,058	213,052	
007 008		MAINTENANCE & REPAIRS OPERATION OF PLANT				267,021	35,863	302,884	
009		LAUNDRY & LINEN SERVICE				6,419		6,419	
010		HOUSEKEEPING				13,685	230	13,915	
011 012		DIETARY CAFETERIA				23,970 21,269	4,242	28,212 21,269	
013		MAINTENANCE OF PERSONNEL				,			
014 015		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	v			36,034	9,205	9,205 36,034	
016		PHARMACY	1			13,145	47,359	60,504	
017		MEDICAL RECORDS & LIBRAR	Y			41,457	6,468	47,925	
018 020		SOCIAL SERVICE NONPHYSICIAN ANESTHETIST	S						
021		NURSING SCHOOL	-						
022		I&R SERVICES-SALARY & FR							
023 024		I&R SERVICES-OTHER PRGM (PARAMED ED PRGM INPAT ROUTINE SRVC CNTRS	<u></u>						
025		ADULTS & PEDIATRICS				192,096	61,842	253,938	
026 027		INTENSIVE CARE UNIT CORONARY CARE UNIT				39,381	34,544	73,925	
028		BURN INTENSIVE CARE UNIT							
029		SURGICAL INTENSIVE CARE	IJ						
031 033		SUBPROVIDER NURSERY				4,343		4,343	
034		SKILLED NURSING FACILITY				,		,	
035	0.1	NURSING FACILITY ICF/MR							
036	01	OTHER LONG TERM CARE							
037		ANCILLARY SRVC COST CNTR: OPERATING ROOM	S			154,420	273,048	427,468	
038		RECOVERY ROOM				134,420	273,040	427,400	
039		DELIVERY ROOM & LABOR ROO	O .			8,918		8,918	
040 041		ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC				73,964	473,758	547,722	
042		RADIOLOGY-THERAPEUTIC				95,857	97,375	193,232	
043		RADIOISOTOPE LABORATORY				40,091	44,491	84,582	
045		PBP CLINICAL LAB SERVICE:	S			40,031	11,151	04,302	
046 047		WHOLE BLOOD & PACKED RED	5						
047		BLOOD STORING, PROCESSING INTRAVENOUS THERAPY	J						
049		RESPIRATORY THERAPY				25,866	76,817	102,683	
050 051		PHYSICAL THERAPY OCCUPATIONAL THERAPY				44,370	3,182	47,552	
052		SPEECH PATHOLOGY							
053 054		ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED							
056 057		DRUGS CHARGED TO PATIENT: RENAL DIALYSIS	S						
058		ASC (NON-DISTINCT PART)							
060		OUTPAT SERVICE COST CNTR	S						
		CLINIC							
		CLINIC					4 055	4 055	
		CLINIC CLINIC					4,055	4,055	
061		EMERGENCY				77,734	36,296	114,030	
062		OBSERVATION BEDS (NON-DI							
064 065		HOME PROGRAM DIALYSIS AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP-RE							
067 069		DURABLE MEDICAL EQUIP-SO: CORF	Ь						
070		I&R SERVICES-NOT APPRVD	P						
071		HOME HEALTH AGENCY SPEC PURPOSE COST CENTER:	9						
092		AMBULATORY SURGICAL CENT							
093		HOSPICE				1 250 024	1 2/2 022	2 601 063	
095		SUBTOTALS NONREIMBURS COST CENTERS				1,359,034	1,242,833	2,601,867	
096	^-	GIFT, FLOWER, COFFEE SHOP				2,902		2,902	
		GIFT, FLOWER, COFFEE SHOW GIFT, FLOWER, COFFEE SHOW							
097		RESEARCH							
098	0.1	PHYSICIANS' PRIVATE OFFICE PHYSICIANS' PRIVATE OFFICE							
030	υŢ	INIDICINAD FRIVALE OFFI	~						

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

ALLOCATION OF NEW CAPITAL RELATED COSTS I 15-0076 I FORM 7/ 1/2007 I WORKSHEET B

I TO 6/30/2008 I PART III

DIR ASSGNED OLD CAP REL C OLD CAP REL C NEW CAP REL C NEW CAP REL C NEW CAP REL C EMPLOYEE BENE NEW CAPITAL OSTS-BLDG & OSTS-MVBLE E OSTS-BLDG & OSTS-MVBLE E SUBTOTAL FITS COST CENTER DESCRIPTION REL COSTS
0 1 2

NONREIMBURS COST CENTERS NONPAID WORKERS

CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER

101 102

1,361,936 1,242,833 2,604,769 103

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (9/1996) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

ALLOCATION OF NEW CAPITAL RELATED COSTS I 15-0076 I FORM 7/ 1/2007 I WORKSHEET B

I TO 6/30/2008 I PART III

	COST CENTER DESCRIPTION	ADMINISTRATIV E & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	DESCRIPTION	6	7	8	9	10	11	12
001 002 003 004	GENERAL SERVICE COST CNT OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE ! NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE !	E						
005 006 007	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	213,052						
008	OPERATION OF PLANT	14,113		316,997				
009 010	LAUNDRY & LINEN SERVICE HOUSEKEEPING	1,224		2,222	9,865	24 745		
011	DIETARY	6,094 5,340		4,736 8,296		24,745 662	42,510	
012	CAFETERIA	165		7,361		588		29,383
013 014	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	4,011						868
015	CENTRAL SERVICES & SUPPL			12,471		995		000
016	PHARMACY	4,446		4,549		363		868
017 018	MEDICAL RECORDS & LIBRAR' SOCIAL SERVICE	Y 5,948		14,348		1,145		1,447
020 021 022 023 024	NONPHYSICIAN ANESTHETIST: NURSING SCHOOL I&R SERVICES-SALARY & FR I&R SERVICES-OTHER PRGM (PARAMED ED PRGM	I						
025	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	26,473		66,484	3,475	5,307	34,872	6,081
026	INTENSIVE CARE UNIT	9,714		13,630	799	1,088	7,638	1,882
027 028	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE	U						
031	SUBPROVIDER							
033	NURSERY SKILLED NURSING FACILITY	3,487		1,503	327	120		724
035	NURSING FACILITY							
035 036	01 ICF/MR OTHER LONG TERM CARE ANCILLARY SRVC COST CNTR:	S						
037	OPERATING ROOM	37,176		53,444	1,998	4,266		4,342
038 039	RECOVERY ROOM DELIVERY ROOM & LABOR ROO	0 3,523		3,087	327	246		724
040	ANESTHESIOLOGY	0 3,323		3,007	327	240		724
041	RADIOLOGY-DIAGNOSTIC	14,703		25,599	915	2,043		2,026
042	RADIOLOGY-THERAPEUTIC RADIOISOTOPE	4,275		33,176	197	2,648		579
044	LABORATORY	22,873		13,875		1,107		3,184
045	PBP CLINICAL LAB SERVICE							
046 047	WHOLE BLOOD & PACKED RED BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY	G						
049	RESPIRATORY THERAPY	7,803		8,952	233	714		1,303
050 051 052 053	PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY	9,646		15,356	607	1,226		2,026
053	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED	3,485			101			289
056 057	DRUGS CHARGED TO PATIENT: RENAL DIALYSIS	s 7,702						
058	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTR:	S						
	01 CLINIC	2						
060	02 CLINIC	1,818						
	03 CLINIC 04 CLINIC	2,536 65						
061	EMERGENCY	13,207		26,904	886	2,147		3,040
062	OBSERVATION BEDS (NON-DIS							
064 065	HOME PROGRAM DIALYSIS AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-RE	N						
067	DURABLE MEDICAL EQUIP-SO:	L						
069 070	CORF I&R SERVICES-NOT APPRVD 1	P						
071 092	HOME HEALTH AGENCY SPEC PURPOSE COST CENTER: AMBULATORY SURGICAL CENTI	S						
092	HOSPICE	ь						
095	SUBTOTALS	210,109		315,993	9,865	24,665	42,510	29,383
096	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHO			1,004		80		
096	01 GIFT, FLOWER, COFFEE SHOP	P		1,004		30		
096 097	02 GIFT, FLOWER, COFFEE SHOP	P 1,285						
097	RESEARCH PHYSICIANS' PRIVATE OFFI	C 475						
	01 PHYSICIANS' PRIVATE OFFI							

Health Financial Systems	MCRIF32	FOR SAII	IT JOSEPH	REG M	ED CTR-PI	LY CAMPUS	IN LIE	U OF FORM	CMS-2552-96 (9/1996) COI	NTD
					I	PROVIDER	NO:	I PERIOD:	I	PREPARED	11/24/2008

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2
I 15-0076 I FROM 7/ 1/2007 I WORKSHEET B
I I TO 6/30/2008 I PART III

	COST CENTER	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	DESCRIPTION	6	7	8	9	1.0	11	12
099 101 102	NONREIMBURS COST CENTERS NONPAID WORKERS CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER	-	,	Ü	j	10	11	
103	TOTAL	213,052		316,997	9,865	24,745	42,510	29,383

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (9/1996) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

ALLOCATION OF NEW CAPITAL RELATED COSTS I 15-0076 I FORM 7/ 1/2007 I WORKSHEET B

I TO 6/30/2008 I PART III

			MAINTENANCE (F PERSONNEL	O NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY		NONPHYSICIAN ANESTHETISTS
			13	14	15	16	17	18	20
001 002 003		GENERAL SERVICE COST CNTF OLD CAP REL COSTS-BLDG & OLD CAP REL COSTS-MVBLE E NEW CAP REL COSTS-BLDG &							
004 005 006		NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL	5						
007		MAINTENANCE & REPAIRS							
008		OPERATION OF PLANT							
009 010		LAUNDRY & LINEN SERVICE HOUSEKEEPING							
010		DIETARY							
012		CAFETERIA							
013		MAINTENANCE OF PERSONNEL							
014 015		NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	7	14,084	49,780				
016		PHARMACY			11,798	82,528			
017		MEDICAL RECORDS & LIBRARY			83		70,896		
018 020		SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS	:						
021		NURSING SCHOOL	,						
022		I&R SERVICES-SALARY & FRI							
023 024		I&R SERVICES-OTHER PRGM C PARAMED ED PRGM INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS		4,771	2,240	117	6,041		
026		INTENSIVE CARE UNIT		1,477	662	17	2,882		
027 028		CORONARY CARE UNIT BURN INTENSIVE CARE UNIT							
029		SURGICAL INTENSIVE CARE U	J						
031		SUBPROVIDER		5.00	270		470		
033 034		NURSERY SKILLED NURSING FACILITY		568	370		478		
035		NURSING FACILITY							
035 036	01	ICF/MR OTHER LONG TERM CARE							
030		ANCILLARY SRVC COST CNTRS	5						
037		OPERATING ROOM		3,407	13,319	570	12,037		
038 039		RECOVERY ROOM & LABOR ROO)	568	370		867		
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC		454	3,035 198	10,578	12,801		
042		RADIOLOGY-THERAPEUTIC RADIOISOTOPE		454	130		2,408		
044		LABORATORY			8,986	5	9,284		
045 046		PBP CLINICAL LAB SERVICES WHOLE BLOOD & PACKED RED	5						
047		BLOOD STORING, PROCESSING	3						
048 049		INTRAVENOUS THERAPY RESPIRATORY THERAPY			823	34	4,311		
050		PHYSICAL THERAPY			1,064	119	2,003		
051		OCCUPATIONAL THERAPY							
052 053		SPEECH PATHOLOGY ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED					4,686		
056 057		DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	5		4,374	67,533	6,021		
058		ASC (NON-DISTINCT PART)							
060		OUTPAT SERVICE COST CNTRS	3						
		CLINIC CLINIC							
060	02	CLINIC		45.	0.7.	0.55	E -		
		CLINIC CLINIC		454	870	3,508	51		
061		EMERGENCY		2,385	1,588	47	7,026		
062		OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS							
065		AMBULANCE SERVICES							
066		DURABLE MEDICAL EQUIP-REN							
067 069		DURABLE MEDICAL EQUIP-SOI							
070		I&R SERVICES-NOT APPRVD F							
071		HOME HEALTH AGENCY							
092		SPEC PURPOSE COST CENTERS AMBULATORY SURGICAL CENTE							
093		HOSPICE							
095		SUBTOTALS		14,084	49,780	82,528	70,896		
096		NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	>						
096		GIFT, FLOWER, COFFEE SHOP							
	02	GIFT, FLOWER, COFFEE SHOP							
097 098		RESEARCH PHYSICIANS' PRIVATE OFFICE							
	01	PHYSICIANS' PRIVATE OFFIC							

Health Financial Systems	MCRIF32	FOR	SAINI	JOSEPH	REG M	TED (CIK-PLY	CAMPUS	ΤIV	LIEU	OF. F.C) RM	CMS-2552-	96 (9/1996) CONTD
							I	PROVIDER	NO:	1	PERI	OD:		I	PREPARED 11/24/2008
ALLOCATION OF	NEW CAPITAL R	ELATED	COSTS				I	15-0076		1	FROM	1 7,	/ 1/2007	I	WORKSHEET B
							I			1	TO	6,	/30/2008	I	PART III

MAINTENANCE O NURSING ADMIN CENTRAL SERVI PHARMACY DESCRIPTION

13 14 15 16 17 18 20

NONREIMBURS COST CENTER ON NONPAID WORKERS
101 CROSS FOOT ADJUSTMENTS
102 NEGATIVE COST CENTER
103 TOTAL

114,084 49,780 82,528 70,896

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (9/1996) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

ALLOCATION OF NEW CAPITAL RELATED COSTS I 15-0076 I FORM 7/ 1/2007 I WORKSHEET B

I TO 6/30/2008 I PART III

	COST CENTER DESCRIPTION	L		OTHER PRGM C	GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
001 002 003 004 005 006 007 008 009 010 011 012 013 014 015 016 017	GENERAL SERVICE COST CI OLD CAP REL COSTS-BLDG OLD CAP REL COSTS-MVBLI NEW CAP REL COSTS-MVBLI EMPLOYEE BENEFITS ADMINISTRATIVE & GENER; MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICH HOUSEKEEPING DIETARY CAFFLERIA MAINTENANCE OF PERSONNI NURSING ADMINISTRATION CENTRAL SERVICES & SUP! PHARMACY MEDICAL RECORDS & LIBR: SOCIAL SERVICE	& E E & & & & & & & & & & & & & & & & &	22	23	24	25	26	27
020 021 022 023 024	NONPHYSICIAN ANESTHETI: NURSING SCHOOL I&R SERVICES-SALARY & 1 I&R SERVICES-OTHER PRGI PARAMED ED PRGM	FRI M C						
025 026 027 028 029 031	INPAT ROUTINE SRVC CNTI ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNI SURGICAL INTENSIVE CARI SUBPROVIDER	IT				409,799 113,714		409,799 113,714
033 034 035	NURSERY SKILLED NURSING FACILI' NURSING FACILITY 01 ICF/MR OTHER LONG TERM CARE ANCILLARY SRVC COST CN'					11,920		11,920
037 038	OPERATING ROOM RECOVERY ROOM					558,027		558,027
039	DELIVERY ROOM & LABOR NAMESTHESIOLOGY	R00				18,630		18,630
041	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC					619,422 237,167		619,422 237,167
043 044 045 046 047	RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERVIO WHOLE BLOOD & PACKED RI BLOOD STORING, PROCESS:	ED				143,896		143,896
048 049 050 051 052 053 054	INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY					126,856 79,599		126,856 79,599
055 056 057 058	MEDICAL SUPPLIES CHARGI DRUGS CHARGED TO PATIEI RENAL DIALYSIS ASC (NON-DISTINCT PART OUTPAT SERVICE COST CN' CLINIC	NTS)				8,561 85,630		8,561 85,630
060 060 060 061 062	01 CLINIC 02 CLINIC 03 CLINIC 04 CLINIC EMERGENCY OBSERVATION BEDS (NON-IOTHER REIMBURS COST CN					1,818 11,474 65 171,260		2 1,818 11,474 65 171,260
064 065 066 067 069 070 071	AMBULANCE SERVICES DURABLE MEDICAL EQUIP-I DURABLE MEDICAL EQUIP-I CORF I&R SERVICES-NOT APPRVI HOME HEALTH AGENCY SPEC PURPOSE COST CENTI AMBULATORY SURGICAL CEI	SOL D P ERS						
093 095	SUBTOTALS					2,597,840		2,597,840
096	NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE SI	HOP				4,009		4,009
096	01 GIFT, FLOWER, COFFEE SI 02 GIFT, FLOWER, COFFEE SI					1,285		1,285
097 098						475		475
098	01 PHYSICIANS' PRIVATE OF	FIC				1,160		1,160

Health	Financial Systems MCR	IF32 FOR	SAINT JOSEPH R	EG MED CTR-PLY	CAMPUS	IN LIEU	OF FORM CMS-	2552-96(9/19	96) CONTD
				I	PROVIDER	NO: I	PERIOD:	I PRE	PARED 11/24/2008
	ALLOCATION OF NEW	CAPITAL RELATED	COSTS	I	15-0076	I	FROM 7/ 1/	2007 I W	ORKSHEET B
				I		I	TO 6/30/	2008 I	PART III
					D1D11400		0.11D.mo.m.3.7	DOG#	mom2 r
				I&R SERVICES-		ED PR	SUBTOTAL	POST	TOTAL
	COST CENTER	L	SALARY & FRI	OTHER PRGM C	GM			STEPDOWN	
	DESCRIPTION							ADJUSTMENT	
		21	22	23	24		25	26	27
	NONREIMBURS COST CENTER	S							
099	NONPAID WORKERS								
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
							0 604 760		0 604 760
103	TOTAL						2,604,769		2,604,769

Health Financial Systems	MCRIF32	FOR SAINT JO	OSEPH REG	MED CTR-	LY CAMPUS	IN I	LIEU OF FOR	M CMS-2552-	96 (9/1997)
				I	PROVIDER	NO:	I PERIO	D:	I	PREPARED 11/24/2008
COST AL	LOCATION - STA	TISTICAL BASIS		I	15-0076		I FROM	7/ 1/2007	I	WORKSHEET B-1
				I			I TO	6/30/2008	I	

COST CENTER DESCRIPTION		OLD CAP REL C OLD CAP REL C NEW CAP REL C NEW CAP REL C EMPLOYEE BENE OSTS-BLDG & OSTS-MVBLE E FITS							
	(SQUARE FEET	(DOLLAR) VALUE	(SQUARE) FEET	(DOLLAR VA	LUE (GROSS) ALARIES	S RECONCIL-) IATION			
GENERAL SERVICE COST	1	2	3	4	5	6a.00			
001 OLD CAP REL COSTS-BLD									
002 OLD CAP REL COSTS-MVB 003 NEW CAP REL COSTS-BLD			100 500						
003 NEW CAP REL COSTS-BLD 004 NEW CAP REL COSTS-MVB			128,582	1,369,687					
005 EMPLOYEE BENEFITS			16.000	27 524		0 400 202			
006 ADMINISTRATIVE & GENE 007 MAINTENANCE & REPAIRS			16,899	37,534		-9,482,323			
008 OPERATION OF PLANT			25,210	39,523					
009 LAUNDRY & LINEN SERVI 010 HOUSEKEEPING			606 1,292	253					
011 DIETARY			2,263	4,675					
012 CAFETERIA 013 MAINTENANCE OF PERSON			2,008						
014 NURSING ADMINISTRATIO 015 CENTRAL SERVICES & SU			2 402	10,145					
015 CENTRAL SERVICES & SU 016 PHARMACY			3,402 1,241	52,193					
017 MEDICAL RECORDS & LIB			3,914	7,128					
018 SOCIAL SERVICE 020 NONPHYSICIAN ANESTHET									
021 NURSING SCHOOL 022 I&R SERVICES-SALARY &									
022 I&R SERVICES-SALARY & 023 I&R SERVICES-OTHER PR									
024 PARAMED ED PRGM INPAT ROUTINE SRVC CN									
025 ADULTS & PEDIATRICS			18,136	68,154					
026 INTENSIVE CARE UNIT 027 CORONARY CARE UNIT			3,718	38,070					
028 BURN INTENSIVE CARE U									
029 SURGICAL INTENSIVE CA 031 SUBPROVIDER									
033 NURSERY			410						
034 SKILLED NURSING FACIL 035 NURSING FACILITY									
035 01 ICF/MR									
036 OTHER LONG TERM CARE ANCILLARY SRVC COST C									
037 OPERATING ROOM 038 RECOVERY ROOM			14,579	300,918					
039 DELIVERY ROOM & LABOR			842						
040 ANESTHESIOLOGY 041 RADIOLOGY-DIAGNOSTIC			6,983	522,113					
042 RADIOLOGY-THERAPEUTIC			9,050	107,314					
043 RADIOISOTOPE 044 LABORATORY			3,785	49,032					
045 PBP CLINICAL LAB SERV 046 WHOLE BLOOD & PACKED									
046 WHOLE BLOOD & PACKED 047 BLOOD STORING, PROCES									
048 INTRAVENOUS THERAPY 049 RESPIRATORY THERAPY			2,442	84,658					
050 PHYSICAL THERAPY			4,189	3,507					
051 OCCUPATIONAL THERAPY 052 SPEECH PATHOLOGY									
053 ELECTROCARDIOLOGY									
054 ELECTROENCEPHALOGRAPH 055 MEDICAL SUPPLIES CHAR									
056 DRUGS CHARGED TO PATI									
057 RENAL DIALYSIS 058 ASC (NON-DISTINCT PAR									
OUTPAT SERVICE COST C									
060 01 CLINIC									
060 02 CLINIC 060 03 CLINIC				4,469					
060 04 CLINIC									
061 EMERGENCY 062 OBSERVATION BEDS (NON			7,339	40,001					
OTHER REIMBURS COST C									
064 HOME PROGRAM DIALYSIS 065 AMBULANCE SERVICES									
066 DURABLE MEDICAL EQUIP									
067 DURABLE MEDICAL EQUIP 069 CORF									
070 I&R SERVICES-NOT APPR 071 HOME HEALTH AGENCY									
SPEC PURPOSE COST CEN									
092 AMBULATORY SURGICAL C 093 HOSPICE									
095 SUBTOTALS			128,308	1,369,687		-9,482,323			
NONREIMBURS COST CENT 096 GIFT, FLOWER, COFFEE			274						
096 01 GIFT, FLOWER, COFFEE									

Health Financial Systems MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS	IN LIEU OF FORM CMS-2552-96(9/1997)
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I PROVIDER NO:

I PERIOD: I PREPARED 11/24/2008
I FROM 7/ 1/2007 I WORKSHEET B-1
I TO 6/30/2008 I COST ALLOCATION - STATISTICAL BASIS 15-0076

COST CENTER OLD CAP REL C OLD CAP REL C NEW CAP REL C NEW CAP REL C EMPLOYEE BENE DESCRIPTION OSTS-BLDG & OSTS-MVBLE E OSTS-BLDG & OSTS-MVBLE E FITS

.907385

(SQUARE FEET	(DOLLAR) VALUE	(SQUARE) FEET	(DOLLAR	VALUE (GROSS) ALARIES	S RECONCIL-) IATION
1	2	3	4	5	6a.00

NONREIMBURS COST CENT 02 GIFT, FLOWER, COFFEE RESEARCH 096 097 PHYSICIANS' PRIVATE O
01 PHYSICIANS' PRIVATE O 098 098 PHYSICIANS' PRIVATE O
NONPAID WORKERS
CROSS FOOT ADJUSTMENT
NEGATIVE COST CENTER
COST TO BE ALLOCATED
(WRKSHT B, PART I)
UNIT COST MULTIPLIER
(WRKSHT B, PT I)
COST TO BE ALLOCATED
(WRKSHT B, PART III)
UNIT COST MULTIPLIER
(WRKSHT B, PT II)
COST TO BE ALLOCATED
(WRKSHT B, PART III) 099 101 102 103

1,361,936 1,242,833 10.591965

106 107

104

105

(WRKSHT B, PART III UNIT COST MULTIPLIER (WRKSHT B, PT III) 108

	COST CENTER DESCRIPTION	ADMINISTRATI E & GENERAL	V MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LI EN SERVICE	N HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST	(SQUARE) FEET	(SQUARE) FEET	(POUNDS OF) LAUNDRY	(SQUARE) FEET	(MEALS) ERVED	S(CAFETERIA FTE)S)
		6	7	8	9	10	11	12
0.01	GENERAL SERVICE COST							
001 002	OLD CAP REL COSTS-BLD OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005 006	EMPLOYEE BENEFITS ADMINISTRATIVE & GENE	27,409,175						
007	MAINTENANCE & REPAIRS	27,403,173	111,683					
800	OPERATION OF PLANT	1,815,646	25,210	86,473				
009	LAUNDRY & LINEN SERVI	157,411	606	606	289,470	04 575		
010 011	HOUSEKEEPING DIETARY	784,047 687,027	1,292 2,263	1,292 2,263		84,575 2,263	29,254	
012	CAFETERIA	21,269	2,008	2,008		2,008	.,	203
013 014	MAINTENANCE OF PERSON	F1.C 0.2.2						6
014	NURSING ADMINISTRATIO CENTRAL SERVICES & SU	516,032 36,034	3,402	3,402		3,402		6
016	PHARMACY	571,989	1,241	1,241		1,241		6
017	MEDICAL RECORDS & LIB	765,180	3,914	3,914		3,914		10
018 020	SOCIAL SERVICE NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023 024	I&R SERVICES-OTHER PR PARAMED ED PRGM							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	3,405,816	18,136	18,136	101,957	18,136	23,998	42
026 027	INTENSIVE CARE UNIT CORONARY CARE UNIT	1,249,772	3,718	3,718	23,442	3,718	5,256	13
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031 033	SUBPROVIDER NURSERY	448,620	410	410	9,596	410		5
034	SKILLED NURSING FACIL	110,020	110	110	3,030	110		ŭ .
035	NURSING FACILITY							
035 036	01 ICF/MR OTHER LONG TERM CARE							
000	ANCILLARY SRVC COST C							
037 038	OPERATING ROOM RECOVERY ROOM	4,782,520	14,579	14,579	58,637	14,579		30
039	DELIVERY ROOM & LABOR	453,195	842	842	9,596	842		5
040	ANESTHESIOLOGY	4 004 500			0.5.04.5			4.4
041	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC	1,891,593 549,952	6,983 9,050	6,983 9,050	26,846 5,768	6,983 9,050		14 4
043	RADIOISOTOPE	013,302	3,000	3,000	3,700			
044	LABORATORY	2,942,563	3,785	3,785		3,785		22
045	PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED							
047	BLOOD STORING, PROCES							
048 049	INTRAVENOUS THERAPY RESPIRATORY THERAPY	1,003,872	2,442	2,442	6,828	2,442		9
050	PHYSICAL THERAPY	1,241,022	4,189	4,189	17,813	4,189		14
051	OCCUPATIONAL THERAPY	, ,	,	,	,	,		
052 053	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR	448,386			2,976			2
056 057	DRUGS CHARGED TO PATI RENAL DIALYSIS	990,910						
058	ASC (NON-DISTINCT PAR							
	OUTPAT SERVICE COST C							
060	CLINIC 01 CLINIC	207						
	02 CLINIC	233,943						
	03 CLINIC	326,221						
060 061	04 CLINIC EMERGENCY	8,333 1,699,067	7,339	7,339	26 011	7,339		21
062	OBSERVATION BEDS (NON	1,000,007	1,333	1,333	20,011	1,333		21
	OTHER REIMBURS COST C							
064 065	HOME PROGRAM DIALYSIS AMBULANCE SERVICES							
	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
069 070	CORF I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY							
000	SPEC PURPOSE COST CEN							
092 093	AMBULATORY SURGICAL C HOSPICE							
095	SUBTOTALS	27,030,627	111,409	86,199	289,470	84,301	29,254	203
096	NONREIMBURS COST CENT GIFT, FLOWER, COFFEE	2,902	274	274		274		
	01 GIFT, FLOWER, COFFEE	2,302	2.1			2.1		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

COST ALLOCATION - STATISTICAL BASIS I 15-0076 I FROM 7/1/2007 I WORKSHEET B-1

051	ALLUCATION	- SIAIISIICAL	BASIS	1	13-0076	Τ.	FROM	// I/ZUU/	Τ.
				I		Ι	TO	6/30/2008	I

	COST CENTER DESCRIPTION	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST	(SQUARE FEET	(SQUARE) FEET	(POUNDS OF) LAUNDRY)	(SQUARE FEET	,	S(CAFETERIA FTE)S)
		6	7	8	9	10	11	12
	NONREIMBURS COST CENT							
096 097	02 GIFT, FLOWER, COFFEE	165,323						
097	RESEARCH PHYSICIANS' PRIVATE O	C1 000						
098	01 PHYSICIANS' PRIVATE O	61,090 149,233						
099	NONPAID WORKERS	147,233						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	9,482,323		2,443,776	228,994	1,091,804	1,017,875	111,296
	(WRKSHT B, PART I)			, , , , ,	.,	, ,	, . ,	,
104	UNIT COST MULTIPLIER				.791080		34.794387	1
	(WRKSHT B, PT I)	.345954		28.260567		12.909299)	548.256158
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	213,052		316,997	9,865	24,745	42,510	29,383
	(WRKSHT B, PART III							
108	UNIT COST MULTIPLIER			0.000000	.034080	000504	1.453135	
	(WRKSHT B, PT III)	.007773		3.665849		.292581	-	144.743842

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

COST ALLOCATION - STATISTICAL BASIS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET B-1

I TO 6/30/2008 I

001	SENERAL SERVICE COST DLD CAP REL COSTS-BLD LD CAP REL COSTS-MVB LEW CAP REL COSTS-BLD LEW CAP REL COSTS-MVB LEW CAP REL SENEFITS LDMINISTRATIVE & GENE LAINTENANCE & REPAIRS DEERATION OF PLANT LAUNDRY & LINEN SERVI LOUSEKEEPING DIETARY LAFETERIA LAINTENANCE OF PERSON LURSING ADMINISTRATIO LURSING ADMINISTRATIO LENTRAL SERVICES & SU	(NUMBER HOUSED	(NURSING FTES))	(COSTED EQUIS.	R(COSTED) EQUIS.	R(GROSS) CHARGES 17	(TIME)SPENT 18	(ASSIGNED) TIME)
001	DLD CAP REL COSTS-BLD LO CAP REL COSTS-MVB LEW CAP REL LEW CAP	13	14	15	16	17	18	20
008 009 L 009 L 010 11 D 012 C 013 M 014 N 015 C 016 P 017 M 021 N 022 I 022 I 023 I 024 P 025 A 026 I 027 C 028 B 029 S 031 S 033 N 034 S 035 O 037 O 038 R 036 O 037 O 038 R 037 O 038 R 039 D 040 A 041 R 042 R 043 R 044 L 045 P 046 W 047 B 048 I	PERATION OF PLANT AUNDRY & LINEN SERVI BOUSEKEEPING DIETARY AFETERIA AINTENANCE OF PERSON URSING ADMINISTRATIO							
015 C C C C C C C C C C C C C C C C C C C								
023 I I 024 P P	PHARMACY MEDICAL RECORDS & LIB SOCIAL SERVICE MONPHYSICIAN ANESTHET MURSING SCHOOL		124	4,122,667 977,076 6,839	1,210,933	103,546,891		
026 I 027 C 028 B 029 S 031 S 033 N 034 S 035 O1 I 036 O29 S 037 O29 S 040 A 041 A 042 R 042 R 043 R 044 A 045 P 046 W 047 B 047 B 048 I	GR SERVICES-SALARY & CAR SERVICES-OTHER PR PARAMED ED PRGM ENPAT ROUTINE SRVC CN							
031 S 033 N 034 S 035 N 035 O1 I 036 O O 038 R 039 D 040 A 041 R 042 R 043 R 044 L 045 P 046 W 047 B	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE U		42 13	185,508 54,865	1,717 255	8,818,345 4,207,077		
035 01 I 036 0 037 0 038 R 039 0 040 A 041 R 042 R 043 R 044 L 045 P 046 W 047 B 048 I	SURGICAL INTENSIVE CA SUBPROVIDER SURSERY SKILLED NURSING FACIL		5	30,663		697,550		
038 R 039 D 040 A 041 R 042 R 043 R 044 L 045 P 046 P 047 B 047 B	THER LONG TERM CARE			4 400 074	0.050	45 550 044		
039 D 040 A 041 R 042 R 043 R 044 L 045 P 046 P 047 B 048 I	PERATING ROOM RECOVERY ROOM		30	1,102,974	8,358	17,572,341		
041 R 042 R 043 R 044 L 045 P 046 W 047 B 048 I	DELIVERY ROOM & LABOR		5	30,662		1,265,334		
044 L 045 P 046 W 047 B 048 I	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE		4	251,336 16,383	155,216	18,737,251 3,515,534		
	ABORATORY PBP CLINICAL LAB SERV HOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY			744,154	79	13,552,638		
050 P 051 O 052 S	RESPIRATORY THERAPY CHYSICAL THERAPY COCUPATIONAL THERAPY SPEECH PATHOLOGY CLECTROCARDIOLOGY			68,194 88,150	493 1,747	6,293,261 2,924,182		
054 E 055 M 056 D 057 R	LECTROENCEPHALOGRAPH LEDICAL SUPPLIES CHAR RRUGS CHARGED TO PATI RENAL DIALYSIS LSC (NON-DISTINCT PAR			362 , 259	990,910	6,841,452 8,789,664		
0	OUTPAT SERVICE COST C			22		619		
060 02 C			4	72,062	51,468	74,298		
060 04 C	CLINIC			•				
062 O 064 H	MERGENCY DESERVATION BEDS (NON DITHER REIMBURS COST C HOME PROGRAM DIALYSIS		21	131,520	690	10,257,345		
066 D 067 D 069 C 070 I 071 H	MBULANCE SERVICES DURABLE MEDICAL EQUIP DURABLE MEDICAL EQUIP CORF LER SERVICES-NOT APPR HOME HEALTH AGENCY HOPE OF THE OFFICENTY HOPE OFFICENTY HOPE OFFICENTY HOPE OF THE OFFICENTY HOPE OFF							
092 A 093 H 095 S	AMBULATORY SURGICAL C OSPICE SUBTOTALS ONREIMBURS COST CENT SIFT, FLOWER, COFFEE		124	4,122,667	1,210,933	103,546,891		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

COST ALLOCATION - STATISTICAL BASIS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET B-1

I TO 6/30/2008 I

	COST CENTER DESCRIPTION	MAINTENANCE F PERSONNEL	O NURSING ADMIN ISTRATION	CENTRAL SERV		MEDICAL RECO		C NONPHYSICIAN ANESTHETISTS
		(NUMBER HOUSED	(NURSING FTES		R (COSTED) EQUIS.	R(GROSS) CHARGES	(TIME)SPENT	(ASSIGNED) TIME)
096 097 098 098 099	NONREIMBURS COST CENT 02 GIFT, FLOWER, COFFEE RESEARCH PHYSICIANS' PRIVATE O 01 PHYSICIANS' PRIVATE O NONPAID WORKERS CROSS FOOT ADJUSTMENT	13	14	15	16	17	18	20
102 103	NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)		697,845	188,559	868,941	1,196,832		
104 105 106	UNIT COST MULTIPLIER (WRKSHT B, PT I) COST TO BE ALLOCATED (WRKSHT B, PART II) UNIT COST MULTIPLIER		5,627.782258	.04573	.71758 7	0 .01155	8	
107 108	(WRKSHT B, PT II) COST TO BE ALLOCATED (WRKSHT B, PART III UNIT COST MULTIPLIER (WRKSHT B, PT III)		14,084 113.580645	49,780 .01207	82,528 .06815	70,896 2	5	

COST CENTER NURSING SCHOO I&R SERVICES- I&R SERVICES- PARAMED ED PR
DESCRIPTION L SALARY & FRI OTHER PRGM C GM

(ASSIGNED TIME	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME)
21	22	23	24	

		GENERAL SERVICE COST
001		OLD CAP REL COSTS-BLD
002		OLD CAP REL COSTS-MVB
003		NEW CAP REL COSTS-BLD NEW CAP REL COSTS-MVB
005		EMPLOYEE BENEFITS
006		ADMINISTRATIVE & GENE
007		MAINTENANCE & REPAIRS
008		OPERATION OF PLANT LAUNDRY & LINEN SERVI
010		HOUSEKEEPING
011		DIETARY
012		CAFETERIA
013 014		MAINTENANCE OF PERSON
015		NURSING ADMINISTRATIO CENTRAL SERVICES & SU
016		PHARMACY
017		MEDICAL RECORDS & LIB
018		SOCIAL SERVICE
020 021		NONPHYSICIAN ANESTHET NURSING SCHOOL
022		I&R SERVICES-SALARY &
023		I&R SERVICES-OTHER PR
024		PARAMED ED PRGM
005		INPAT ROUTINE SRVC CN
025 026		ADULTS & PEDIATRICS INTENSIVE CARE UNIT
027		CORONARY CARE UNIT
028		BURN INTENSIVE CARE U
029		SURGICAL INTENSIVE CA
031 033		SUBPROVIDER
033		NURSERY SKILLED NURSING FACIL
035 035	01	ICF/MR
036		OTHER LONG TERM CARE
037		ANCILLARY SRVC COST C OPERATING ROOM
038		RECOVERY ROOM
039		DELIVERY ROOM & LABOR
040		ANESTHESIOLOGY
041		RADIOLOGY-DIAGNOSTIC
041 042		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC
041 042 043		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE
041 042		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC
041 042 043 044 045 046		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED
041 042 043 044 045 046 047		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES
041 042 043 044 045 046 047 048		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY
041 042 043 044 045 046 047		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY
041 042 043 044 045 046 047 048 049		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY
041 042 043 044 045 046 047 048 049 050 051		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY
041 042 043 044 045 046 047 048 049 050 051 052		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY
041 042 043 044 045 046 047 048 049 050 051		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY
041 042 043 044 045 046 047 048 049 050 051 052 053		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY
041 042 043 044 045 046 047 048 049 050 051 052 053 054 055 056 057		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY EMEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS
041 042 043 044 045 046 047 048 050 051 052 053 054 055		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR
041 042 043 044 045 046 047 048 049 050 051 052 053 054 055 056		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C
041 042 043 044 045 046 047 048 049 050 051 052 053 054 055 056 057		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC
041 042 043 044 045 046 047 048 049 050 051 052 053 054 055 056 057		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC
041 042 043 044 045 046 047 050 051 052 053 054 055 056 057 058	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCRONCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC CLINIC CLINIC CLINIC CLINIC
041 042 043 044 045 046 047 050 051 052 053 054 055 056 057 058		RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC CLINIC CLINIC CLINIC CLINIC CLINIC
041 042 043 044 045 046 047 050 051 052 053 054 055 057 058	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLO
041 042 043 044 045 046 047 050 051 052 053 054 055 056 057 058	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC CLINIC CLINIC CLINIC CLINIC CLINIC
041 042 043 044 045 046 047 050 051 052 053 064 060 060 060 060 061 062	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC CLIN
041 042 043 044 045 046 047 050 051 052 053 054 055 056 057 058	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCROCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC CLINI
041 042 043 044 045 046 047 052 053 054 055 056 057 058 060 060 060 060 060 060 061	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOSOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR RUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC CHERGENCY OBSERVATION BEDS (NON OTHER REIMBURS COST C HOME PROGRAM DIALYSIS AMBULANCE SERVICES DURABLE MEDICAL EQUIP
041 042 043 044 045 046 047 050 051 052 053 054 055 056 057 058	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOSOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC
041 042 043 044 045 046 047 050 051 052 053 055 056 057 058 060 060 060 060 060 060 061 062	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOSOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR RUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC CHERGENCY OBSERVATION BEDS (NON OTHER REIMBURS COST C HOME PROGRAM DIALYSIS AMBULANCE SERVICES DURABLE MEDICAL EQUIP
041 042 043 044 045 046 047 050 051 052 053 054 060 060 060 060 060 061 062 064 065 066 066 066 066 066 066 066 066 066	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENDUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC CLIN
041 042 043 044 045 046 047 050 051 052 053 054 060 060 060 060 060 061 062 064 065 066 067 069 069 070	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCROCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC SERVATION BEDS (NON OTHER REIMBURS COST C HOME PROGRAM DIALYSIS AMBULANCE SERVICES DURABLE MEDICAL EQUIP CORF 1&R SERVICES—NOT APPR HOME HEALTH AGENCY SPEC PURPOSE COST CEN
041 042 043 044 045 046 047 052 053 054 055 056 057 058 060 060 060 060 060 060 061 062	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOSOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR RUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC CLINI
041 042 043 044 045 046 047 050 051 052 053 054 060 060 060 060 060 061 062 064 065 066 067 069 069 070	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCROCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC SERVATION BEDS (NON OTHER REIMBURS COST C HOME PROGRAM DIALYSIS AMBULANCE SERVICES DURABLE MEDICAL EQUIP CORF 1&R SERVICES—NOT APPR HOME HEALTH AGENCY SPEC PURPOSE COST CEN
041 042 043 044 045 046 047 050 051 052 053 054 060 060 060 060 060 060 060 060 060 06	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOSOTOPE LABORATORY PBP CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR RUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC SMERGENCY OBSERVATION BEDS (NON OTHER REIMBURS COST C HOME PROGRAM DIALYSIS AMBULANCE SERVICES DURABLE MEDICAL EQUIP CORF I&R SERVICES-NOT APPR HOME HEALTH AGENCY SPEC PURPOSE COST CEN AMBULATORY SURGICAL C HOSPICE SUBTOTALS NONREIMBURS COST CENT
041 042 043 044 045 046 047 050 051 052 053 055 056 057 060 060 060 060 060 060 060 060 060 06	01 02 03	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE LABORATORY BPB CLINICAL LAB SERV WHOLE BLOOD & PACKED BLOOD STORING, PROCES INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCROCHEDALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI RENAL DIALYSIS ASC (NON-DISTINCT PAR OUTPAT SERVICE COST C CLINIC SERVATION BEDS (NON OTHER REIMBURS COST C HOME PROGRAM DIALYSIS AMBULANCE SERVICES DURABLE MEDICAL EQUIP DURABLE MEDICAL EQUIP CORF I&R SERVICES-NOT APPR HOME HEALTH AGENCY SPEC PURPOSE COST CEN AMBULATORY SURGICAL C HOSPICE SUBTOTALS

Health Financial Systems	MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(9/1997)CONTD
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COST ALLOCATION - STATISTICAL BASIS

NURSING SCHOO I&R SERVICES- I&R SERVICES- PARAMED ED PR
L SALARY & FRI OTHER PRGM C GM COST CENTER DESCRIPTION

(ASSIGNED (ASSIGNED (ASSIGNED TIME) TIME) TIME) TIME

			21	22	23	24
		NONREIMBURS COST CENT				
096	02	GIFT, FLOWER, COFFEE				
097		RESEARCH				
098		PHYSICIANS' PRIVATE O				
098	01	PHYSICIANS' PRIVATE O				
099		NONPAID WORKERS				
101		CROSS FOOT ADJUSTMENT				
102		NEGATIVE COST CENTER				
103		COST TO BE ALLOCATED				
		(PER WRKSHT B, PART				
104		UNIT COST MULTIPLIER				
		(WRKSHT B, PT I)				
105		COST TO BE ALLOCATED				
		(PER WRKSHT B, PART				
106		UNIT COST MULTIPLIER				
		(WRKSHT B, PT II)				
107		COST TO BE ALLOCATED				
		(PER WRKSHT B, PART				
108		UNIT COST MULTIPLIER				
		(WRKSHT B, PT III)				

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(05/1999)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

COMPUTATION OF RATIO OF COSTS TO CHARGES I 15-0076 I FROM 7/ 1/2007 I WORKSHEET C

I TO 6/30/2008 I PART I

		COST CENTER DESCRIPTION	WKST B, PT I		TOTAL	RCE	TOTAL
LINE I	NO.		COL. 27		COSTS	DISALLOWANCE	COSTS
		THE POWER PROPERTY OF THE PARTY	1	2	3	4	5
25		INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,617,413		6,617,413		6,617,413
26		INTENSIVE CARE UNIT	2,168,234		2,168,234		2,168,234
27		CORONARY CARE UNIT	2,100,234		2,100,234		2,100,234
28		BURN INTENSIVE CARE UNIT					
29		SURGICAL INTENSIVE CARE U					
31		SUBPROVIDER					
33		NURSERY	668,637		668,637		668,637
34		SKILLED NURSING FACILITY					
35		NURSING FACILITY					
35	01	ICF/MR					
36		OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	7,528,491		7,528,491		7,528,491
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROO	699,143		699,143		699,143
40		ANESTHESIOLOGY	2 001 077		2 001 077		2 001 077
41 42		RADIOLOGY THERADELITIC	3,201,877		3,201,877		3,201,877
42		RADIOLOGY-THERAPEUTIC RADIOISOTOPE	1,183,446		1,183,446		1,183,446
44		LABORATORY	4,319,177		4,319,177		4,319,177
45		PBP CLINICAL LAB SERVICES	4,313,177		4,313,177		4,319,177
46		WHOLE BLOOD & PACKED RED					
47		BLOOD STORING, PROCESSING					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	1,538,249		1,538,249		1,538,249
50		PHYSICAL THERAPY	1,903,672		1,903,672		1,903,672
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED	686,032		686,032		686,032
56		DRUGS CHARGED TO PATIENTS	2,162,935		2,162,935		2,162,935
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
60		OUTPAT SERVICE COST CNTRS CLINIC					
	0.1	CLINIC	287		287		287
		CLINIC	314,877		314,877		314,877
		CLINIC	502,676		502,676		502,676
		CLINIC	11,216		11,216		11,216
61	0 1	EMERGENCY	2,864,348		2,864,348	4,357	2,868,705
62		OBSERVATION BEDS (NON-DIS	356,343		356,343	-,	356,343
		OTHER REIMBURS COST CNTRS	,		,		
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		SUBTOTAL	36,727,053		36,727,053	4,357	36,731,410
102		LESS OBSERVATION BEDS	356,343		356,343		356,343
103		TOTAL	36,370,710		36,370,710	4,357	36,375,067

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(05/1999)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

COMPUTATION OF RATIO OF COSTS TO CHARGES I 15-0076 I FROM 7/ 1/2007 I WORKSHEET C

I TO 6/30/2008 I PART I

WKST .			INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
		INPAT ROUTINE SRVC CNTRS	ь	1	8	9	10	11
25		ADULTS & PEDIATRICS	7,900,349		7,900,349			
26		INTENSIVE CARE UNIT	4,207,077		4,207,077			
27		CORONARY CARE UNIT	-,,		-,,			
28		BURN INTENSIVE CARE UNIT						
29		SURGICAL INTENSIVE CARE U						
31		SUBPROVIDER						
33		NURSERY	697,550		697,550			
34		SKILLED NURSING FACILITY						
35		NURSING FACILITY						
		ICF/MR						
36		OTHER LONG TERM CARE						
37		ANCILLARY SRVC COST CNTRS OPERATING ROOM	6,035,068	11 527 272	17,572,341	.428428	.428428	.428428
38		RECOVERY ROOM	0,033,000	11,337,273	11,312,341	.420420	.420420	.420420
39		DELIVERY ROOM & LABOR ROO	1,247,813	17 521	1,265,334	.552536	.552536	.552536
40		ANESTHESIOLOGY	1,247,013	17,521	1,200,004	.332330	.552550	.552550
41		RADIOLOGY-DIAGNOSTIC	3,598,887	15,138,364	18,737,251	.170883	.170883	.170883
42		RADIOLOGY-THERAPEUTIC	8,623	3,506,911		.336633	.336633	.336633
43		RADIOISOTOPE						
44		LABORATORY	2,897,910	10,654,728	13,552,638	.318696	.318696	.318696
45		PBP CLINICAL LAB SERVICES						
46		WHOLE BLOOD & PACKED RED						
47		BLOOD STORING, PROCESSING						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	2,978,035	3,315,226				.244428
50 51		PHYSICAL THERAPY OCCUPATIONAL THERAPY	592,093	2,332,089	2,924,182	.651010	.651010	.651010
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED	3,496,150	3,345,302	6,841,452	.100276	.100276	.100276
56		DRUGS CHARGED TO PATIENTS	5,748,266	3,041,398	8,789,664	.246077	.246077	.246077
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
		CLINIC		619	619	.463651	.463651	.463651
		CLINIC		74,298	74,298	C 7CEC73	6.765673	6 765672
		CLINIC CLINIC		14,298	14,298	0.703073	0./030/3	0./030/3
61	04	EMERGENCY	1,038,728	9 218 617	10,257,345	.279248	.279248	.279673
62		OBSERVATION BEDS (NON-DIS	52,048	865,948	917,996	.388175		.388175
02		OTHER REIMBURS COST CNTRS	02,010	000,310	31.,330	.000170	.500170	.000170
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		SUBTOTAL	40,498,597	63,048,294	103,546,891			
102		LESS OBSERVATION BEDS	40 400 555		400 546 653			
103		TOTAL	40,498,597	63,048,294	103,546,891			

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(09/1997)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I FROM 7/ 1/2007 I WORKSHEET D

TITLE XVIII, PART A

FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(09/1997)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II)	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III)	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				409,799		409,799
26	INTENSIVE CARE UNIT				113,714		113,714
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U	ī					
31	SUBPROVIDER						
33	NURSERY				11,920		11,920
1.0.1	TOTAL.				535 433		535 433

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(09/1997)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I 15-0076 I FORM 7/ 1/2007 I WORKSHEET D

TITLE XVIII, PART A

FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(09/1997)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I TO 6/30/2008 I PART I

WKST A LINE NO		TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	7,781	3,815			52.67	200,936
26	INTENSIVE CARE UNIT	1,567	961			72.57	69,740
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U	J					
31	SUBPROVIDER						
33	NURSERY	627				19.01	
101	TOTAL	9,975	4,776				270,676

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 1/24/2008

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D

COMPONENT NO: I FROM 7/ 1/2007 I WORKSHEET D

COMPONENT NO: I FROM 7/ 1/2007 I PART I I FROM 7/ 1/2007 I FROM 7/ 1/2007

Al	PPORTIONMENT OF IN	PAIIENI ANC	ILLARI SERVICE	CAPITAL COSTS	I	COMPONENT NO: 15-0076	I TO			PART II
	TITLE XVIII,	PART A	HOS	PITAL		PPS				
	A COST CENTER DE									
LINE N	NO.		RELATED COST	RELATED COST 2	CHARGES	CHARGES	CST/CHRG	RATIO	COSTS	
			1	2	3	4	5		6	
	ANCILLARY SRVC						_			
37				558,027	17,572,34	3,543,515				
38				40.500	4 000 00					
39				18,630	1,265,33	2,764	1			
40	ANESTHESIOLOGY			610 400	10 707 05	1 0 000 00	-			
41	RADIOLOGY-DIAG			619,422	18,/3/,25	2,062,627				
42	RADIOLOGY-THER	APEUTIC		237,167	3,515,53	8,623	3			
43	RADIOISOTOPE			142 006	10 550 60	1 750 000				
44 45	LABORATORY	AD CEDITORS		143,896	13,552,63	1,758,232	2			
45	PBP CLINICAL Li WHOLE BLOOD & 1									
47										
48	INTRAVENOUS TH									
49	RESPIRATORY TH			126 956	6 203 26	1,993,120	1			
50	PHYSICAL THERA					32 448,233				
51				13,333	2,324,10	140,23	,			
52	SPEECH PATHOLO									
53	ELECTROCARDIOL									
54	ELECTROENCEPHA:									
55	MEDICAL SUPPLI			8.561	6.841.45	1,037,437	7			
56	DRUGS CHARGED '			85,630	8.789.66	2,959,119	9			
57				,	-,,	-,,				
58	ASC (NON-DISTI	NCT PART)								
00	OUTPAT SERVICE									
60										
60	01 CLINIC			2	61	.9				
	02 CLINIC			1,818						
60	03 CLINIC				74,29	98				
60	04 CLINIC			65	•					
61	EMERGENCY			171,260	10,257,34	15 435,253	3			
62	OBSERVATION BE	OS (NON-DIS		22,067	917,99	31,323	3			
	OTHER REIMBURS	COST CNTRS								
64	HOME PROGRAM D	IALYSIS								
65	AMBULANCE SERV	ICES								
66	DURABLE MEDICA:	L EQUIP-REN								
67	DURABLE MEDICA	L EQUIP-SOL								
101	TOTAL			2,084,474	90,741,91	.5 14,280,246	5			

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (09/1996) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS II 15-0076 I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I TO 6/30/2008 I PART II

TITLE XVIII, PART A HOSPITAL SINCE CONTD

1 PROVIDER NO: I FROM 7/ 1/2007 I WORKSHEET D

1 COMPONENT NO: I FROM 7/ 1/2007 I PART II

1 PART II

1 PROVIDER NO: I FROM 7/ 1/2007 I PART II

1 PART II

1 PROVIDER NO: I FROM 7/ 1/2007 I PART II

1 PART II

1 PROVIDER NO: I FROM 7/ 1/2007 I PART II

2 PROVIDER NO: I PERIOD: I PART II

3 PROVIDER NO: I PERIOD: I PART II

4 PROVIDER NO: I PERIOD: I PART II

5 PROVIDER NO: I PERIOD: I PART II

5 PROVIDER NO: I PERIOD: I PART II

6 PROVIDER NO: I PERIOD: I PART II

7 PROVIDER NO: I PERIOD: I PART II

8 PROVIDER NO: I PERIOD: I PART II

9 PROVIDER NO: I

		TITLE XVIII, PART A	HOSPITA	L
WKST	A	COST CENTER DESCRIPTION	NEW CAPITA	L
LINE	NO.		CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTR	3	
37		OPERATING ROOM	.031756	112,528
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO	.014723	41
40		ANESTHESIOLOGY		
41		RADIOLOGY-DIAGNOSTIC	.033058	68,186
42		RADIOLOGY-THERAPEUTIC	.067463	582
43		RADIOISOTOPE		
44		LABORATORY	.010618	18,669
45		PBP CLINICAL LAB SERVICES	5	
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	3	
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.020157	40,175
50		PHYSICAL THERAPY	.027221	12,201
51		OCCUPATIONAL THERAPY		
52		SPEECH PATHOLOGY		
53		ELECTROCARDIOLOGY		
54		ELECTROENCEPHALOGRAPHY		
55		MEDICAL SUPPLIES CHARGED		1,298
56		DRUGS CHARGED TO PATIENTS	.009742	28,828
57		RENAL DIALYSIS		
58		ASC (NON-DISTINCT PART)		
		OUTPAT SERVICE COST CNTR	3	
60		CLINIC		
		CLINIC	.003231	
60		CLINIC		
60		CLINIC	.154432	
60		CLINIC		
61		EMERGENCY	.016696	7,267
62		OBSERVATION BEDS (NON-DIS		753
		OTHER REIMBURS COST CNTR	5	
		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES	-	
66		DURABLE MEDICAL EQUIP-REI		
		DURABLE MEDICAL EQUIP-SON	ь	290,528
101		IUIAL		290,528

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (11/1998)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

TITLE XVIII, PART A FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (11/1998)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I FROM 7/ 1/2007 I WORKSHEET D

FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (11/1998)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (11/1998)

WKST A LINE N		NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					7,781	
26	INTENSIVE CARE UNIT					1,567	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					627	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL					9,975	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(11/1998)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

TITLE XVIII, PART A

FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(11/1998)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I FROM 7/ 1/2007 I WORKSHEET D

FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(11/1998)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(11/1998)

WKST LINE		COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25		ADULTS & PEDIATRICS	3,815	5
26		INTENSIVE CARE UNIT	961	
27		CORONARY CARE UNIT		
28		BURN INTENSIVE CARE UNIT		
29		SURGICAL INTENSIVE CARE U		
31		SUBPROVIDER		
33		NURSERY		
34		SKILLED NURSING FACILITY		
35		NURSING FACILITY		
35	01	ICF/MR		
101		TOTAL	4,776	5

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
OTHER PASS THROUGH COSTS I WORKSHEET D

	01	HER PASS IHROUGH CUSIS					OMPONENT NO:						D
					1	1	5-0076	I		I			
		TITLE XVIII, PART A	HOSPIT	AL			PPS						
		COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED	NRS	MED ED ALLIED	MED ED	ALL	BLOOD C	LOT FO	R	
LINE I	NO.		ANESTHETIST 1		SCHOOL	COST	HEALTH COST	OTHER	COSTS	HEMOPH:	ILIACS		
		AVAILABLE ORGA COOK OVERDA		1.01	2		2.01	2.	02	2	.03		
37		ANCILLARY SRVC COST CNTRS OPERATING ROOM											
38		RECOVERY ROOM											
39		DELIVERY ROOM & LABOR ROO											
40		ANESTHESIOLOGY											
41		RADIOLOGY-DIAGNOSTIC											
42		RADIOLOGY-THERAPEUTIC											
43		RADIOISOTOPE											
44		LABORATORY											
45		PBP CLINICAL LAB SERVICES											
46		WHOLE BLOOD & PACKED RED											
47		BLOOD STORING, PROCESSING											
48 49		INTRAVENOUS THERAPY RESPIRATORY THERAPY											
50		PHYSICAL THERAPY											
51		OCCUPATIONAL THERAPY											
52		SPEECH PATHOLOGY											
53		ELECTROCARDIOLOGY											
54		ELECTROENCEPHALOGRAPHY											
55		MEDICAL SUPPLIES CHARGED											
56		DRUGS CHARGED TO PATIENTS											
57		RENAL DIALYSIS											
58		ASC (NON-DISTINCT PART)											
		OUTPAT SERVICE COST CNTRS											
60		CLINIC											
		CLINIC											
		CLINIC											
		CLINIC											
61		EMERGENCY											
62		OBSERVATION BEDS (NON-DIS											
		OTHER REIMBURS COST CNTRS											
64		HOME PROGRAM DIALYSIS											
65		AMBULANCE SERVICES											
66		DURABLE MEDICAL EQUIP-REN											
67		DURABLE MEDICAL EQUIP-SOL											
101		TOTAL											

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (04/2005) CONTD APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008 OTHER PASS THROUGH COSTS I WORKSHEET D

I	15-0076		Ι	FROM	7/ 1/2007	I	WORKSHEET D
I	COMPONENT	NO:	Ι	TO	6/30/2008	I	PART IV
I	15-0076		Ι			I	
		PPS					

	TITLE XVIII, PART A	НО	SPITAL		PPS			
WKST A		TOTAL	O/P PASS THRU COSTS	CHARGES	TO CHARGES CS	T TO CHARGES	CHARGE	INPAT PROG PASS THRU COST
	and the second second second	3	3.01	4	5	5.01	6	7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			17,572,341			3,543,515	
38	RECOVERY ROOM			11,312,341			3,343,31)
39	DELIVERY ROOM & LABOR ROO			1,265,334			2,764	ı
40	ANESTHESIOLOGY			1,200,001			2,70	
41	RADIOLOGY-DIAGNOSTIC			18,737,251			2,062,627	1
42	RADIOLOGY-THERAPEUTIC			3,515,534			8,623	
43	RADIOISOTOPE			.,				
44	LABORATORY			13,552,638			1,758,232	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			6,293,261			1,993,120	
50	PHYSICAL THERAPY			2,924,182			448,233	3
51	OCCUPATIONAL THERAPY							
52 53	SPEECH PATHOLOGY							
53 54	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			6,841,452			1,037,437	1
56	DRUGS CHARGED TO PATIENTS			8,789,664			2,959,119	
57	RENAL DIALYSIS			0,,00,002			2,303,111	
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 CLINIC			619				
	02 CLINIC							
	03 CLINIC			74,298				
	04 CLINIC							
61	EMERGENCY			10,257,345			435,253	
62	OBSERVATION BEDS (NON-DIS			917,996			31,323	3
C 1	OTHER REIMBURS COST CNTRS							
64 65	HOME PROGRAM DIALYSIS AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-REN							
101	TOTAL			90,741,915			14,280,246	
-01				, , , ,			,,	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (04/2005) CONTD APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008 OTHER PASS THROUGH COSTS I 1 15-0076 I FROM 7/1/2007 I WORKSHEET D

	OTHER PASS THROUGH COSTS		I COMPONENT NO: I TO 6/30/2008 I PART IV
			I 15-0076 I I
	TITLE XVIII, PART A	HOSPITAL	PPS
WKST I	A COST CENTER DESCRIPTION	OUTPAT PROG OUTPAT PR	OG OUTPAT PROG OUTPAT PROG COL 8.01 COL 8.02
LINE I	NO.	CHARGES D, V COL 5.	03 D,V COL 5.04 PASS THRU COST * COL 5 * COL 5
		8 8.01	8.02 9 9.01 9.02
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	2,754,256	
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
42	RADIOLOGY-THERAPEUTIC	1,933,927	
43	RADIOISOTOPE		
44	LABORATORY	438,181	
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY	4 440 450	
49	RESPIRATORY THERAPY	1,110,453	
50	PHYSICAL THERAPY	15,216	
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY	504 564	
55	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS		
56		1,040,659	
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
	01 CLINIC 02 CLINIC		
	03 CLINIC		
	04 CLINIC		
61	EMERGENCY	762.794	
62	OBSERVATION BEDS (NON-DIS	97,951	
02	OTHER REIMBURS COST CNTRS	57,551	
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL	12,912,861	
-01		,,	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2004)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I 15-0076 I FROM 7/1/2007 I WORKSHEET D

I COMPONENT NO: I TO 6/30/2008 I PART V

I 15-0076 I TELL WILL DATE BY THE MODEL OF THE

TITLE XVIII, PART B HOSPITAL

			Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
		Cost Center Description	1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37 38		OPERATING ROOM RECOVERY ROOM	.428428	.428428			
39		DELIVERY ROOM & LABOR ROOM	.552536	.552536			
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC		.170883			
42		RADIOLOGY-THERAPEUTIC	.336633	.336633			
43		RADIOISOTOPE					
44		LABORATORY	.318696	.318696			
45		PBP CLINICAL LAB SERVICES-PRGM ONLY					
46		WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 48		BLOOD STORING, PROCESSING & TRANS. INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	244428	.244428			
50		PHYSICAL THERAPY		.651010			
51		OCCUPATIONAL THERAPY	.001010	.001010			
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED TO PATIENTS					
56		DRUGS CHARGED TO PATIENTS	.246077	.246077			
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60	0.1	CLINIC	462651	.463651			
		CLINIC CLINIC	.463651	.463651			
		CLINIC	6 765673	6.765673			
		CLINIC	0.703073	0.703073			
61	0 1	EMERGENCY	.279248	.279248			
62		OBSERVATION BEDS (NON-DISTINCT PART)		.388175			
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-RENTED					
67		DURABLE MEDICAL EQUIP-SOLD					
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-					
104		PROGRAM ONLY CHARGES NET CHARGES					

⁽A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2004) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I TO 6/30/2008 I PART V

I 15-0076 I TITLE YULLI DART B

TITLE XVIII, PART B HOSPITAL

	IIILE AVIII,	PARI D	IUSFIIAL				
			All Other (1)	PPS Services FYB to 12/31		PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	Cost Center De	escription	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRV	C COST CNTRS					
37	OPERATING ROOM			2,754,256			
38	RECOVERY ROOM						
39	DELIVERY ROOM	& LABOR ROOM					
40	ANESTHESIOLOG'						
41	RADIOLOGY-DIA			4,167,863			
42	RADIOLOGY-THE	RAPEUTIC		1,933,927			
43	RADIOISOTOPE						
44	LABORATORY			438,181			
45		LAB SERVICES-PRGM ONLY					
46		PACKED RED BLOOD CELLS					
47		, PROCESSING & TRANS.					
48 49	INTRAVENOUS TI RESPIRATORY TI			1,110,453			
50	PHYSICAL THER			1,110,453			
51	OCCUPATIONAL :			13,210			
52	SPEECH PATHOLO						
53	ELECTROCARDIO						
54	ELECTROENCEPHA						
55		IES CHARGED TO PATIENTS		591,561	651		
56	DRUGS CHARGED			1,040,659	23,335		
57	RENAL DIALYSIS			, ,	.,		
58	ASC (NON-DIST:	INCT PART)					
	OUTPAT SERVICE						
60	CLINIC						
60	01 CLINIC						
60	02 CLINIC						
	03 CLINIC						
	04 CLINIC						
61	EMERGENCY			762,794			
62		EDS (NON-DISTINCT PART)		97,951			
	OTHER REIMBURS						
64	HOME PROGRAM I						
65	AMBULANCE SER						
66 67		AL EQUIP-RENTED					
	DURABLE MEDICA	AL EQUIP-SOLD		12 012 061	22.006		
101 102	SUBTOTAL CRNA CHARGES			12,912,861	23,986		
102	LESS PBP CLIN	TO TAB SWCS-					
103	PROGRAM ONLY (
104	NET CHARGES			12,912,861	23,986		
201				12,512,001	23,300		

⁽A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2004) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I TO 6/30/2008 I PART V

I 15-0076 I TITLE YULLI DART B

TITLE XVIII, PART B HOSPITAL

		Outpatient Radialogy	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	Cost Center Description	7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37					1,180,000	
38						
39						
40						
41					712,217	
42					651,024	
43						
44					139,647	
45						
46						
47						
48 49					071 406	
50					271,426 9,906	
51					9,906	
52						
53						
54						
55					59,319	65
56					256,082	5,742
57					200,002	0,712
58						
	OUTPAT SERVICE COST CNTRS					
60						
60	01 CLINIC					
60	02 CLINIC					
60	03 CLINIC					
60	04 CLINIC					
61	EMERGENCY				213,009	
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS				38,022	
64						
65						
66						
67						
101	2 2				3,530,652	5,807
102					3,000,002	5,307
103						
	PROGRAM ONLY CHARGES					
104					3,530,652	5,807
						·

⁽A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

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FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(05/2004) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

LTH SERVICES & VACCINE COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D
Health Financial Systems
                                   MCRIF32
      APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
                                                                                                    COMPONENT NO:
                                                                                                                         I TO
                                                                                                                                    6/30/2008 I
                                                                                                                                                             PART V
                                                                                                    15-0076
           TITLE XVIII, PART B
                                                           HOSPITAL
                                                                PPS Services Hospital I/P Hospital I/P 1/1 to FYE Part B Charges Part B Costs
                                                                          9.03
                                                                                               10
          Cost Center Description
          ANCILLARY SRVC COST CNTRS
(A)
 37
           OPERATING ROOM
           RECOVERY ROOM
           DELIVERY ROOM & LABOR ROOM
 40
           ANESTHESIOLOGY
 41
           RADIOLOGY-DIAGNOSTIC
 42
43
           RADIOLOGY-THERAPEUTIC
           RADIOISOTOPE
 44
           LABORATORY
          PBP CLINICAL LAB SERVICES-PRGM ONLY
WHOLE BLOOD & PACKED RED BLOOD CELLS
 45
          BLOOD STORING, PROCESSING & TRANS.
INTRAVENOUS THERAPY
RESPIRATORY THERAPY
 47
48
 49
 50
           PHYSICAL THERAPY
 51
           OCCUPATIONAL THERAPY
 52
           SPEECH PATHOLOGY
           ELECTROCARDIOLOGY
 54
55
          ELECTROENCEPHALOGRAPHY
MEDICAL SUPPLIES CHARGED TO PATIENTS
          DRUGS CHARGED TO PATIENTS
RENAL DIALYSIS
 57
          ASC (NON-DISTINCT PART)
OUTPAT SERVICE COST CNTRS
CLINIC
 60
 60 01 CLINIC
      02 CLINIC
03 CLINIC
 60
 60
 60
      04 CLINIC
 61
           EMERGENCY
          OBSERVATION BEDS (NON-DISTINCT PART)
OTHER REIMBURS COST CNTRS
 62
          HOME PROGRAM DIALYSIS
AMBULANCE SERVICES
 64
 65
          DURABLE MEDICAL EQUIP-RENTED
DURABLE MEDICAL EQUIP-SOLD
 67
101
           SUBTOTAL
           CRNA CHARGES
102
103
           LESS PBP CLINIC LAB SVCS-
```

PROGRAM ONLY CHARGES
NET CHARGES

(A) WORKSHEET A LINE NUMBERS

104

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (08/2000) CONTD

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D

TITTE VULL DARF B. HOSDITAL

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1 .246077 162 40 DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES PROGRAM VACCINE CHARGES PROGRAM COSTS

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (09/1997)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I 15-0076 I TO 6/30/2008 I PART I

TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II)	OLD CAPITAL - SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III)	NEW CAPITAL - SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				409,799		409,799
26	INTENSIVE CARE UNIT				113,714		113,714
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY				11,920		11,920
101	TOTAL				535,433		535,433

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (09/1997)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS I 15-0076 I TO 6/30/2008 I PART I

TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	7,781	881			52.67	46,402
26	INTENSIVE CARE UNIT	1,567	73			72.57	5,298
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	627	404			19.01	7,680
101	TOTAL	9,975	1,358				59,380

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I TO 6/30/2008 I PART II

I 15-0076 I I FORM CMS-2552-96 (09/1996)

	TITLE XIX	HOS	PITAL	1 1:	5-0076 I PPS	1	
WKST A	A COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	
LINE NO	NO.	RELATED COST	RELATED COST	CHARGES	CHARGES CST/CF		
		1	2	3	4	5 6	
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		558,027	17,572,341	738,623		
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO		18,630	1,265,334	441,726		
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		619,422	18,737,251	201,463		
42	RADIOLOGY-THERAPEUTIC		237,167	3,515,534			
43	RADIOISOTOPE						
44	LABORATORY		143,896	13,552,638	239,668		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		126,856	6,293,261	123,533 15,752		
50	PHYSICAL THERAPY		79,599	2,924,182	15,752		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED			6,841,452			
56	DRUGS CHARGED TO PATIENTS		85,630	8,789,664	558,660		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC			619			
	01 CLINIC		2				
	02 CLINIC 03 CLINIC		1,818 11,474	74,298			
	04 CLINIC		11,474	14,298			
61	EMERGENCY			10,257,345	73,539		
62	OBSERVATION BEDS (NON-DIS			917,996			
02	OTHER REIMBURS COST CNTRS		22,007	311,330			
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-REN						
101	TOTAL		2 084 474	90 741 915	2,392,964		
101	1011111		2,004,474	50, 141, 515	2,332,304		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (09/1996) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS II 15-0076 I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I FROM 7/ 1/2007 I WORKSHEET D

I COMPONENT NO: I FROM 7/ 1/2007 I PART II

TITLE XIX HOSPITAL FOR THE MOSPITAL F

		TITLE XIX	HOSPITA	L
		COST CENTER DESCRIPTION	NEW CAPITA	
LINE	NO.		CST/CHRG RATIO	COSTS 8
		ANCILLARY SRVC COST CNTR		Ü
37		OPERATING ROOM	.031756	23,456
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO	.014723	6,504
40		ANESTHESIOLOGY	022050	6 660
41 42		RADIOLOGY-DIAGNOSTIC	.033058	6,660
42		RADIOLOGY-THERAPEUTIC RADIOISOTOPE	.067463	
44		LABORATORY	.010618	2,545
45		PBP CLINICAL LAB SERVICES		2,545
46		WHOLE BLOOD & PACKED RED		
47		BLOOD STORING, PROCESSING	G	
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.020157	2,490
50		PHYSICAL THERAPY	.027221	429
51		OCCUPATIONAL THERAPY		
52		SPEECH PATHOLOGY		
53		ELECTROCARDIOLOGY		
54 55		ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED	.001251	
56		DRUGS CHARGED TO PATIENTS		5,442
57		RENAL DIALYSIS	.003742	3,442
58		ASC (NON-DISTINCT PART)		
		OUTPAT SERVICE COST CNTR	S	
60		CLINIC		
60	01	CLINIC	.003231	
60		CLINIC		
60		CLINIC	.154432	
60		CLINIC	04.550.5	4 000
61 62		EMERGENCY OBSERVATION BEDS (NON-DIS	.016696 S .024038	1,228
02		OTHER REIMBURS COST CNTR		
64		HOME PROGRAM DIALYSIS	3	
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REI		
67		DURABLE MEDICAL EQUIP-SOI	Ĺ	
101		TOTAL		48,754

Health Financial Systems	MCRIF32	FOR S	AINT	JOSEPH	REG	MED	CTR-P	LY CAMPUS	IN	LIEU	J OF F	ORM CMS-255	2-9	6(11/1998)
							I	PROVIDER	NO:	I	PERIO	D:	I	PREPARED 11/24/2008
APPORTIONMENT OF INPATIE	NT ROUTINE						I	15-0076		I	FROM	7/ 1/2007	I	WORKSHEET D
SERVICE OTHER PASS THROU	GH COSTS						I			I	TO	6/30/2008	I	PART III
TITLE XIX									PPS	3				

WKST A		NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					7,781	
26	INTENSIVE CARE UNIT					1,567	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					627	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL					9,975	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(11/1998)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS I TITLE XIX

WKST LINE		COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST 8
25		ADULTS & PEDIATRICS	883	1
26		INTENSIVE CARE UNIT	7:	3
27		CORONARY CARE UNIT		
28		BURN INTENSIVE CARE UNIT		
29		SURGICAL INTENSIVE CARE U		
31		SUBPROVIDER		
33		NURSERY	40	4
34		SKILLED NURSING FACILITY		
35		NURSING FACILITY		
35	01	ICF/MR		
101		TOTAL	1,35	3

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Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

OTHER PASS THROUGH COSTS I COMPONENT NO: I TO 6/30/2008 I PART IV
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							1 10 6/30,	72008 I		KI IV
TITLE XIX		HOSPITA	I 15-0076 I I PPS							
	IIIDE XIX	11001 11111								
WKST	A COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED N	NRS MED ED .	ALLIED	MED ED ALL	BLOOD C	LOT FOR	
LINE							OTHER COSTS			
			1.01			01			.03	
	ANCILLARY SRVC COST CNTRS									
37	OPERATING ROOM									
38	RECOVERY ROOM									
39	DELIVERY ROOM & LABOR ROO									
40	ANESTHESIOLOGY									
41	RADIOLOGY-DIAGNOSTIC									
42	RADIOLOGY-THERAPEUTIC									
43	RADIOISOTOPE									
44	LABORATORY									
45	PBP CLINICAL LAB SERVICES									
46	WHOLE BLOOD & PACKED RED									
47	BLOOD STORING, PROCESSING									
48	INTRAVENOUS THERAPY									
49	RESPIRATORY THERAPY									
50	PHYSICAL THERAPY									
51	OCCUPATIONAL THERAPY									
52	SPEECH PATHOLOGY									
53	ELECTROCARDIOLOGY									
54	ELECTROENCEPHALOGRAPHY									
55	MEDICAL SUPPLIES CHARGED									
56	DRUGS CHARGED TO PATIENTS									
57	RENAL DIALYSIS									
58	ASC (NON-DISTINCT PART)									
	OUTPAT SERVICE COST CNTRS									
60	CLINIC									
	01 CLINIC									
	02 CLINIC									
	03 CLINIC 04 CLINIC									
61										
62	OBSERVATION BEDS (NON-DIS									
02	OTHER REIMBURS COST CNTRS									
64	HOME PROGRAM DIALYSIS									
65	AMBULANCE SERVICES									
66	DURABLE MEDICAL EQUIP-REN									
67	DURABLE MEDICAL EQUIP-SOL									
101	TOTAL									

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008 OTHER PASS THROUGH COSTS I COMPONENT NO: I FROM 7/ 1/2007 I WORKSHEET D I COMPONENT NO: I TO 6/30/2008 I PART IV

TITLE XIX HOSPITAL FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(04/2005) CONTD IN LIEU OF FORM CMS-2552-96(04/

	IIILE XIX	HU	SPIIAL		PPS	
WKST A LINE NO		TOTAL COSTS	O/P PASS THRU COSTS	CHARGES	RATIO OF COST O/P RATIO OF TO CHARGES CST TO CHARGES	CHARGE PASS THRU COST
		3	3.01	4	5 5.01	6 7
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM			17,572,341		738,623
38	RECOVERY ROOM			4 065 004		444 506
39	DELIVERY ROOM & LABOR ROO			1,265,334		441,726
40	ANESTHESIOLOGY			10 707 051		001 460
41	RADIOLOGY-DIAGNOSTIC			18,737,251		201,463
42	RADIOLOGY-THERAPEUTIC			3,515,534		
43	RADIOISOTOPE			10 550 600		222 662
44 45	LABORATORY PBP CLINICAL LAB SERVICES			13,552,638		239,668
45	WHOLE BLOOD & PACKED RED					
46	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY			6,293,261		123,533
50	PHYSICAL THERAPY			2,924,182		15,752
51	OCCUPATIONAL THERAPY			2,324,102		13,732
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED			6,841,452		
56	DRUGS CHARGED TO PATIENTS			8,789,664		558,660
57	RENAL DIALYSIS					·
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 0	1 CLINIC			619		
60 0	2 CLINIC					
60 0	3 CLINIC			74,298		
60 0	4 CLINIC					
61	EMERGENCY			10,257,345		73,539
62	OBSERVATION BEDS (NON-DIS			917,996		
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL			90,741,915		2,392,964

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Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (04/2005) CONTD APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008 OTHER PASS THROUGH COSTS I COMPONENT NO: I TO 6/30/2008 I PART IV
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	OTI	HER PASS THROUGH COSTS				15-0076 COMPONENT				7/ 1/2007 6/30/2008			ORKSHEET D	
						15-0076		I		0,50,2000	I		111111 11	
		TITLE XIX	HOS	PITAL			PPS							
WKST LINE		COST CENTER DESCRIPTION	CHARGES	D, V COL 5.03	D,V COL 5.	PASS THRU	COST		* CO	L 5	CC	3.02 DL 5		
		ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9)		9.	01	9.	.02		
37		OPERATING ROOM												
38		RECOVERY ROOM												
39		DELIVERY ROOM & LABOR ROO												
40		ANESTHESIOLOGY												
41		RADIOLOGY-DIAGNOSTIC												
42		RADIOLOGY-THERAPEUTIC												
43		RADIOISOTOPE												
44		LABORATORY												
45		PBP CLINICAL LAB SERVICES												
46		WHOLE BLOOD & PACKED RED												
47		BLOOD STORING, PROCESSING												
48		INTRAVENOUS THERAPY												
49		RESPIRATORY THERAPY												
50		PHYSICAL THERAPY												
51		OCCUPATIONAL THERAPY												
52		SPEECH PATHOLOGY												
53		ELECTROCARDIOLOGY												
54 55		ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED												
56		DRUGS CHARGED TO PATIENTS												
57		RENAL DIALYSIS												
58		ASC (NON-DISTINCT PART)												
30		OUTPAT SERVICE COST CNTRS												
60		CLINIC CLINIC												
	0.1	CLINIC												
60		CLINIC												
		CLINIC												
60		CLINIC												
61		EMERGENCY												
62		OBSERVATION BEDS (NON-DIS												
		OTHER REIMBURS COST CNTRS												
64		HOME PROGRAM DIALYSIS												
65		AMBULANCE SERVICES												
66		DURABLE MEDICAL EQUIP-REN												
67		DURABLE MEDICAL EQUIP-SOL												
101		TOTAL												

FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008
I 15-0076 I FROM 7/ 1/2007 I WORKSHEET D-1 COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1 COMPONENT NO: I TO 6/30/2008 I PART T

6,617,413

6,617,413

HOSPITAL TITLE XVIII PART A PPS

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,781
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,781
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,781
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	3,815
	(EXCLUDING SWING-BED AND NEWBORN DAYS)	

- 1.0
- (EXCLUDING SWING-BED AND NEWBORN DAYS) SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR 11
- YEAR, ENTER 0 ON THIS LINE)
 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING 12
- PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING
 PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR 13
- YEAR, ENTER 0 ON THIS LINE)
 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM 14
- (EXCLUDING SWING-BED DAYS)
 TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) 1.5
- NURSERY DAYS (TITLE V OR XIX ONLY)

SWING-BED ADJUSTMENT

17	MEDICARE	RATE	FOR	SWING-	-BED	SNF	SERVICES	APPLICABLE	TO	SERVICES	THROUGH
	DECEMBER	31 0	F THE	COST	REP	ORTI	NG PERIOD				

- 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER
- DECEMBER 31 OF THE COST REPORTING PERIOD TOTAL GENERAL INPATIENT ROUTINE SERVICE COST 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
- REPORTING PERIOD
 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST 25 REPORTING PERIOD
- TOTAL SWING-BED COST (SEE INSTRUCTIONS)
- GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 6,617,413 PRIVATE ROOM DIFFERENTIAL ADJUSTMENT
- GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 7,900,349 29 7,900,349
- SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO 31 .837610 AVERAGE PRIVATE ROOM PER DIEM CHARGE
 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE 1.015 34
- 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE DIFFERENTIAL AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
- 36
 - GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(05/2004) CONTD PROVIDER NO: I PERIOD: I PREPARED 11/24/2008 I FROM 7/ 1/2007 I WORKSHEET D-1 COMPUTATION OF INPATIENT OPERATING COST COMPONENT NO: 6/30/2008 I PART II

15-0076

PPS

I TO

1

HOSPITAL TITLE XVIII PART A

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38 39 40	Program general inpatient routine service cost							
41								
		TOTAL	TOTAL	AVERAGE	PROGRAM	3,244,505 PROGRAM		
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST		
		1	2	3	4	5		
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
4.3	INTENSIVE CARE UNIT	2,168,234	1,567	1,383.68	961	1,329,716		
44	CORONARY CARE UNIT	2,100,201	1,000	1,000.00	201	1,020,110		
45	BURN INTENSIVE CARE UNIT							
46	SURGICAL INTENSIVE CARE UNIT							
47	OTHER SPECIAL CARE							
						1		
48	PROGRAM INPATIENT ANCILLARY SERVI	CE COST				4,180,448		
49	TOTAL PROGRAM INPATIENT COSTS					8,754,669		
		PASS THROUGH	COST ADJUSTMEN	ITS				
50	PASS THROUGH COSTS APPLICABLE TO	PROGRAM INPATIE	NT ROUTINE SERV	/ICES		270,676		
51	PASS THROUGH COSTS APPLICABLE TO	PROGRAM INPATIE	NT ANCILLARY SE	RVICES		290,528		
52	TOTAL PROGRAM EXCLUDABLE COST					561,204		
53	TOTAL PROGRAM INPATIENT OPERATING	COST EXCLUDING	CAPITAL RELATE	D, NONPHYSICIAN	I	8,193,465		
	ANESTHETIST, AND MEDICAL EDUCATION	N COSTS						
	TARGET AMOUNT AND LIMIT COMPUTATION							

- PROGRAM DISCHARGES
- 5.5 TARGET AMOUNT PER DISCHARGE TARGET AMOUNT
- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT BONUS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
- BASKET
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54×58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO. 58.04 RELIEF PAYMENT

- 58.04 RELIEF PAYMENT

 9 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT

 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1

 59.03 PROGRAM DISCHARGES AFTER JULY 1

 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)

 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1

 (SEE INSTRUCTIONS) (LTCH ONLY)

- (SEE INSTRUCTIONS) (LTCH ONLY) 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY $1\,$
- (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)
 PROGRAM INPATIENT ROUTINE SWING BED COST

- 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST MEPORTING PERIOD (SEE INSTRUCTIONS)
 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
- 61 REPORTING PERIOD (SEE INSTRUCTIONS)
- TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE 63 COST REPORTING PERIOD
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 64
- TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS 65

MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2004) CONTD

| PROVIDER NO: | PRESIDE: | PROPRIATION | PREPRIATE | 11/24/2008 | PROVIDER NO: | PROVIDER NO Health Financial Systems COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

66	SKILLED NU	JRSING	FACILITY/OTHE	R NURSING	FACILITY/	ICF/MR	ROUTINE
	SERVICE COS	ST					

- ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM ROUTINE SERVICE COST
- 68
- MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
- 70 71 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
- PER DIEM CAPITAL-RELATED COSTS PROGRAM CAPITAL-RELATED COSTS
- 72 73 74 75 76
- PROGRAM CAPITAL-RELATED COSTS
 INPATIENT ROUTINE SERVICE COST
 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 INPATIENT ROUTINE SERVICE COST LIMITATION
- 77 78
- 79
- 80
- REASONABLE INPATIENT ROUTINE SERVICE COSTS PROGRAM INPATIENT ANCILLARY SERVICES UTILIZATION REVIEW PHYSICIAN COMPENSATION
- TOTAL PROGRAM INPATIENT OPERATING COSTS 82

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	419
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	850.46
8.5	OBSERVATION BED COST	356.343

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	COSI	COSI	COLUMN Z	BED COSI	COSI
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		6,617,413		356,343	
87 NEW CAPITAL-RELATED COST	409,799	6,617,413	.061927	356,343	22,067
88 NON PHYSICIAN ANESTHETIST		6,617,413		356,343	
89 MEDICAL EDUCATION		6,617,413		356,343	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89 02 MEDICAL EDUCATION - ALL OTHER					

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2004)

I PROVIDER NO: I PERIOD: I PROPAGED 11/24/2008

I DOMPONENT NO: I FORM 7/1/2007 I WORKSHEET D-1

I COMPONENT NO: I TO 6/30/2008 I PART I

I S-0076 I FORM 7/1/2007 I PART I

TITLE XIX - I/P HOSPITAL PPS

	1
INPATIENT DAYS	
INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,781
INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,781
PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	,
SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,781
TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	881
(EXCLUDING SWING-BED AND NEWBORN DAYS)	001
SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
YEAR, ENTER 0 ON THIS LINE)	
SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	
PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
YEAR, ENTER O ON THIS LINE)	
MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
(EXCLUDING SWING-BED DAYS)	
TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	627
NURSERY DAYS (TITLE V OR XIX ONLY)	404
SWING-BED ADJUSTMENT	
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
DECEMBER 31 OF THE COST REPORTING PERIOD	
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
DECEMBER 31 OF THE COST REPORTING PERIOD	
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
DECEMBER 31 OF THE COST REPORTING PERIOD	
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,617,413
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
REPORTING PERIOD	
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
REPORTING PERIOD SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
REPORTING PERIOD	
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
REPORTING PERIOD	
TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,617,413
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,900,349
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	,,500,545
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,900,349
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.837610
AVERAGE PRIVATE ROOM PER DIEM CHARGE	
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,015.34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	6,617,413

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(05/2004) CONTD PROVIDER NO: I PERIOD: I PREPARED 11/24/2008 I FROM 7/ 1/2007 I WORKSHEET D-1 COMPUTATION OF INPATIENT OPERATING COST

I TO 15-0076

PPS

COMPONENT NO: 6/30/2008 PART II

1

TITLE XIX - I/P HOSPITAL

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38 39 40	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST							
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST								
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM		
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST		
		1	2	3	4	5		
42	NURSERY (TITLE V & XIX ONLY)	668,637	627	1,066.41	404	430,830		
	INTENSIVE CARE TYPE INPATIENT							
	HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	2,168,234	1,567	1,383.68	73	101,009		
44	CORONARY CARE UNIT	,,	,	,		, , , , , , , , , , , , , , , , , , , ,		
45	BURN INTENSIVE CARE UNIT							
46	SURGICAL INTENSIVE CARE UNIT							
47	OTHER SPECIAL CARE							
						1		
48	PROGRAM INPATIENT ANCILLARY SERVI	CE COST				869,815		
49	TOTAL PROGRAM INPATIENT COSTS					2,150,909		
		PASS THROUGH	COST ADJUSTMEN	NTS				
50	PASS THROUGH COSTS APPLICABLE TO	PROGRAM INPATIE	NT ROUTINE SERV	/ICES		59,380		
51	PASS THROUGH COSTS APPLICABLE TO	PROGRAM INPATIE	NT ANCILLARY SE	ERVICES		48,754		
52	TOTAL PROGRAM EXCLUDABLE COST					108,134		
53	TOTAL PROGRAM INPATIENT OPERATING	COST EXCLUDING	CAPITAL RELATE	ED, NONPHYSICIAN		2,042,775		
	ANESTHETIST, AND MEDICAL EDUCATIO	N COSTS						
	TARGET AMOUNT AND LIMIT COMPUTATION							

- PROGRAM DISCHARGES
- 5.5 TARGET AMOUNT PER DISCHARGE TARGET AMOUNT
- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT BONUS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
- BASKET
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54×58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO. 58.04 RELIEF PAYMENT

- 58.04 RELIEF PAYMENT

 9 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT

 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1

 59.03 PROGRAM DISCHARGES AFTER JULY 1

 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)

 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1

 (SEE INSTRUCTIONS) (LTCH ONLY)

- (SEE INSTRUCTIONS) (LTCH ONLY) 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY $1\,$
- (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)
 PROGRAM INPATIENT ROUTINE SWING BED COST
- 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST MEPORTING PERIOD (SEE INSTRUCTIONS)
 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
- 61 REPORTING PERIOD (SEE INSTRUCTIONS)
- TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE 63 COST REPORTING PERIOD
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 64
- TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS 65

MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2004) CONTD

| PROVIDER NO: | PRESIDE: | PROPRIATION | PREPRIATE | 11/24/2008 | PROVIDER NO: | PROVIDER NO Health Financial Systems COMPUTATION OF INPATIENT OPERATING COST

PPS

HOSPITAL

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST

ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM ROUTINE SERVICE COST

68

TITLE XIX - I/P

- MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
- 70 71
- TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
- 72 73 PER DIEM CAPITAL-RELATED COSTS PROGRAM CAPITAL-RELATED COSTS
- 74 75
- INPATIENT ROUTINE SERVICE COST AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
- AGGREGATE CHARGES TO BENEFICIARIES FOR EACHS COSTS TO THE COST LIMITATION INPATIENT ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION INPATIENT ROUTINE SERVICE COST LIMITATION
- 77 78
- 79
- 80
- REASONABLE INPATIENT ROUTINE SERVICE COSTS PROGRAM INPATIENT ANCILLARY SERVICES UTILIZATION REVIEW PHYSICIAN COMPENSATION
- TOTAL PROGRAM INPATIENT OPERATING COSTS 82

PART IV - COMPUTATION OF OBSERVATION BED COST

TOTAL OBSERVATION BED DAYS
ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
OBSERVATION BED COST 83 419 850.46 84 356,343

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		6,617,413		356,343	
87 NEW CAPITAL-RELATED COST	409,799	6,617,413	.061927	356,343	22,067
88 NON PHYSICIAN ANESTHETIST		6,617,413		356,343	
89 MEDICAL EDUCATION		6,617,413		356,343	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89 02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A HOSPITAL

	TITLE AVIII, PART A HOSPITAL		113	
WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		3,889,300	
26	INTENSIVE CARE UNIT		2,500,420	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.428428	3,543,515	1,518,141
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.552536	2,764	1,527
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC		2,062,627	
	RADIOLOGY-THERAPEUTIC	.336633	8,623	2,903
43	RADIOISOTOPE			
	LABORATORY	.318696	1,758,232	560,342
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY		1,993,120	
50	PHYSICAL THERAPY	.651010	448,233	291,804
	OCCUPATIONAL THERAPY			
	SPEECH PATHOLOGY			
	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,037,437	
	DRUGS CHARGED TO PATIENTS	.246077	2,959,119	728,171
	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
	CLINIC	462651		
	CLINIC	.463651		
	CLINIC CLINIC	6.765673		
	CLINIC	6.763673		
61	EMERGENCY	.279673	125 252	121,729
62	OBSERVATION BEDS (NON-DISTINCT PART)		31,323	
	OTHER REIMBURS COST CNTRS	.3881/3	31,323	12,159
	HOME PROGRAM DIALYSIS			
	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		14,280,246	4,180,448
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		14,280,246	

			I 15-	-0076	Ι
	TITLE XIX	HOSPITAL		PPS	
WKST A LINE NO.	COST CENTER DESCRIPTION		RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
26 27 28	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT			1,466,804 98,030	
29 31	SURGICAL INTENSIVE CARE UNIT SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37 38	OPERATING ROOM RECOVERY ROOM		.428428	738,623	316,447
39 40	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY		.552536	441,726	244,070
41 42 43	RADIOLOGY-DIAGNOSTIC RADIOLOGY-THERAPEUTIC RADIOISOTOPE		.170883 .336633	201,463	34,427
44 45 46 47	LABORATORY PBP CLINICAL LAB SERVICES-PRGM ONL WHOLE BLOOD & PACKED RED BLOOD CEL BLOOD STORING, PROCESSING & TRANS.	LS	.318696	239,668	76,381
48 49 50 51 52	INTRAVENOUS THERAPY RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY		.244428 .651010	.,	30,195 10,255
54 55 56 57	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIEN DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	ITS	.100276 .246077	558 , 660	137,473
60	CLINIC				
	CLINIC CLINIC		.463651		
60 03	CLINIC CLINIC CLINIC		6.765673		
61 62	EMERGENCY OBSERVATION BEDS (NON-DISTINCT PAR OTHER REIMBURS COST CNTRS	T)	.279673 .388175	73,539	20,567
64 65 66	HOME PROGRAM DIALYSIS AMBULANCE SERVICES DURABLE MEDICAL EQUIP-RENTED				
67 101 102	DURABLE MEDICAL EQUIP-SOLD TOTAL LESS PBP CLINIC LABORATORY SERVICE	:S -		2,392,964	869,815
103	PROGRAM ONLY CHARGES NET CHARGES			2,392,964	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

CALCULATION OF REIMBURSEMENT SETTLEMENT I 15-0076 I FROM 7/ 1/2007 I PART A

I OMPONENT NO: I TO 6/30/2008 I PART A

I 15-0076 I I TO 6/30/2008 I PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION			
		1	1.01
DRG AMOUNT			
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		1,122,071	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1		1,571,174	
AND BEFORE JANUARY 1			
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS		3,214,993	
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST			
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1			
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)			
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH			
SEPTEMBER 30, 2001.			
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001			
THROUGH SEPTEMBER 30, 2001. 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97			
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER		47,282	
OCTOBER 1, 1997 (SEE INSTRUCTIONS)			
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD INDIRECT MEDICAL EDUCATION ADJUSTMENT		43.98	
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I			
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT			
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE			
12/31/1996.			
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH			
MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)			
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS			
FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			
1886(d)(5)(B)(viii)	FOR CR PERIODS ENDING ON OR		
	AFTER 7/1/2005		
	E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS) 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE			
CURRENT YEAR FROM YOUR RECORDS			
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER			
THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.	_		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTE THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER			
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09	•		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10			
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.			
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS) 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE			
BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT			
YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD			
BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF			
THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS). 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3			
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	,		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1,			
1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1			
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1,			
BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)			
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	SUM OF LINES PLUS E-3, PT		
	3.21 - 3.23 VI, LINE 23		
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).			
DISPROPORTIONATE SHARE ADJUSTMENT 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A		2.19	
PATIENT DAYS (SEE INSTRUCTIONS)		2.17	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED		14.26	
ON WORKSHEET S-3, PART I 4.02 SUM OF LINES 4 AND 4.01		16.45	
4.02 SUM OF LINES 4 AND 4.01 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		3.61	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		213,287	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY 5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING	DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.			
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 31	7		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)			
AOVITET LOW WINDOWSTMENT)			

Health Financial Systems MCRIF32

FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

MENT SETTLEMENT I 15-0076 I FROM 7/ 1/2007 I WORKSHEET E

I COMPONENT NO: I TO 6/30/2008 I PART A

I 15-0076 I CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

	DESCRIPTION	1	1.01
5 03 TO	OTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316,		
	ND 317.		
5.04 R	ATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 A	VERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
	OTAL ADDITIONAL PAYMENT		
	UBTOTAL (SEE INSTRUCTIONS)	6,168,807	
	OSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND DH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
	OSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND		
	IDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
F	Y BEG. 10/1/2000		
8 T	OTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH	6,168,807	
	NLY (SEE INSTRUCTIONS)		
	AYMENT FOR INPATIENT PROGRAM CAPITAL	508,370	
	XCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL IRECT GRADUATE MEDICAL EDUCATION PAYMENT		
	URSING AND ALLIED HEALTH MANAGED CARE		
	PECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
	ET ORGAN ACQUISITION COST		
13 C	OST OF TEACHING PHYSICIANS		
	OUTINE SERVICE OTHER PASS THROUGH COSTS		
	NCILLARY SERVICE OTHER PASS THROUGH COSTS		
	OTAL DAMES DAMESTO	6,677,177	
	RIMARY PAYER PAYMENTS OTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	11,984 6,665,193	
	OTAL AMOUNT FAIRBLE FOR FAUGRAM BENEFICIARIES EDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	719,616	
	DOINSURANCE BILLED TO PROGRAM BENEFICIARIES	6,864	
	EIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	78,366	
	DJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	54,856	
	EIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
	UBTOTAL	5,993,569	
	ECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER ERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
	ERMINATION OF A DECREASE IN PROGRAM UTILIZATION THER ADJUSTMENTS (SPECIFY)		
	UTLIER RECONCILIATION ADJUSTMENT		
	MOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
RI	ESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
	MOUNT DUE PROVIDER	5,993,569	
	EQUESTRATION ADJUSTMENT	5 000 004	
	NTERIM PAYMENTS ENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	5,937,791	
	ENTAITVE SETTLEMENT (FOR FISCAT INTERMEDIANT USE UNLT)	55,778	
	ROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN	00///0	
	CCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
	FI ONLY		
	PERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
	APITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
	PERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) APITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
	HE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
	THE VALUE OF MONEY (SEE INSTRUCTIONS)		
	APITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (04/2005)

| Total Calculation of Reimbursement Settlement | Fig. 1 | Fig. 2 | Fig

PART B - MEDICAL AND OTHER HEALTH SERVICES

ART B	- MEDICAL AND OTHER HEALTH SERVICES		
	HOSPITAL		
	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,847 3,530,652	
1.01	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. LINE 1.01 TIMES LINE 1.03. LINE 1.02 DIVIDED BY LINE 1.04. TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	3,330,632	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,079,773	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.906	.906
1.04	LINE 1.01 TIMES LINE 1.03.	3,198,771	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	96.28	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	107,098	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9,		
	9.01, 9,02) LINE 101.		
	INTERNS AND RESIDENTS		
	ORGAN ACQUISITIONS		
	COST OF TEACHING PHYSICIANS TOTAL COST (SEE INSTRUCTIONS)	5,847	
	COMPUTATION OF LESSER OF COST OR CHARGES	3,647	
	REASONABLE CHARGES		
	ANCILLARY SERVICE CHARGES	24,148	
	INTERNS AND RESIDENTS SERVICE CHARGES	24,140	
	ORGAN ACQUISITION CHARGES		
	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
	TOTAL REASONABLE CHARGES	24,148	
	CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
	PAYMENT FOR SERVICES ON A CHARGE BASIS		
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT		
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
	RATIO OF LINE 11 TO LINE 12	04.440	
	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	24,148	
	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	18,301	
	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,847	
17 01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,186,871	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	3,100,071	
	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	130	
	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON	893,309	
	LINE 17.01 (SEE INSTRUCTIONS)	, , , , , , ,	
	SUBTOTAL (SEE INSTRUCTIONS)	2,299,279	
	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
	SUBTOTAL	2,299,279	
	PRIMARY PAYER PAYMENTS	2,994	
	SUBTOTAL	2,296,285	
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
	COMPOSITE RATE ESRD	00.050	
	BAD DEBTS (SEE INSTRUCTIONS)	89,050	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	62,335	
	SUBTOTAL	2,358,620	
	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER	2,330,020	
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
	OTHER ADJUSTMENTS (SPECIFY)		
	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-81	
	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING		
	FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	2,358,701	
	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
	INTERIM PAYMENTS	2,719,266	
	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
	BALANCE DUE PROVIDER/PROGRAM	-360,565	
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII HOSPITAL

DESC	CRIPTION				PAR		
			MM/DD/YYYY				
1 TOTAL INTERIM PAYMENTS PAID 2 INTERIM PAYMENTS PAYABLE ON EITHER SUBMITTED OR TO BE SU INTERMEDIARY, FOR SERVICES F REPORTING PERIOD. IF NONE, W ENTER A ZERO. 3 LIST SEPARATELY EACH RETROAC	INDIVIDUAL BILLS, JEMITTED TO THE RENDERED IN THE COST WRITE "NONE" OR		1	2 5,932,667 NONE	3	4 2,726,959 NONE	
AMOUNT BASED ON SUBSEQUENT F RATE FOR THE COST REPORTING OF EACH PAYMENT. IF NONE, W ZERO. (1)	REVISION OF THE INTERIM PERIOD. ALSO SHOW DATE						
	ADJUSTMENTS TO PROVIDER	.02 .03 .04	1/14/2008	5,124			
	ADJUSTMENTS TO PROGRAM	.51 .52 .53			1/14/2008	7,693	
SUBTOTAL		.99		5,124		-7,693	
4 TOTAL INTERIM PAYMENTS				5,937,791		2,719,266	
TO BE COMPLETED BY INTERME 5 LIST SEPARATELY EACH TENTATI AFTER DESK REVIEW. ALSO SHO IF NONE, WRITE "NONE" OR ENT SUBTOTAL 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) 7 TOTAL MEDICARE PROGRAM LIABI NAME OF INTERMEDIARY: INTERMEDIARY NO: SIGNATURE OF AUTHORIZED PERS DATE:/	IVE SETTLEMENT PAYMENT OW DATE OF EACH PAYMENT. IER A ZERO. (1) TENTATIVE TO PROVIDER TENTATIVE TO PROVIDER TENTATIVE TO PROVIDER TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM SETTLEMENT TO PROGRAM SETTLEMENT TO PROGRAM ILITY	.02 .03 .50 .51 .52 .99		NONE		NONE	

⁽¹⁾ ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

CALCULATION OF REIMBURSEMENT SETTLEMENT I 15-0076 I FROM 7/1/2007 I WORKSHEET E-3

I COMPONENT NO: I TO 6/30/2008 I PART III

I TITLE NOR THIN NOW SERVICES OF THIS NUMBER POS CONTACT OF THE PROPERTY OF T

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

nivi ii.	I - IIILE V OR IIILE XIX SERVI	CES ON TITLE AVIII SNE FF	S ONE!	
	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
	COMPUTATION OF NET COST OF CO	NVEREN SERVICE	1	2
1	INPATIENT HOSPITAL/SNF/NF SER			
	MEDICAL AND OTHER SERVICES			
	INTERNS AND RESIDENTS (SEE IN			
	ORGAN ACQUISITION (CERT TRANS			
	COST OF TEACHING PHYSICIANS (SUBTOTAL	SEE INSTRUCTIONS)		
7	INPATIENT PRIMARY PAYER PAYME	INTS		
8	OUTPATIENT PRIMARY PAYER PAYM			
9	SUBTOTAL COMPUTATION OF LESSER OF COST REASONABLE CHARGES	OR CHARGES		
10	ROUTINE SERVICE CHARGES		7,900,349	
11	ANCILLARY SERVICE CHARGES		2,392,964	
	INTERNS AND RESIDENTS SERVICE			
	ORGAN ACQUISITION CHARGES, NE	T OF REVENUE		
	TEACHING PHYSICIANS INCENTIVE FROM TARGET AMOUNT	COMPLITATION		
	TOTAL REASONABLE CHARGES	00111 0 1111 1 011	10,293,313	
	CUSTOMARY CHARGES			
	AMOUNT ACTUALLY COLLECTED FRO			
18	PAYMENT FOR SERVICES ON A CHA AMOUNTS THAT WOULD HAVE BEEN FOR PAYMENT FOR SERVICES ON A BEEN MADE IN ACCORDANCE WITH	REALIZED FROM PATIENTS LI CHARGE BASIS HAD SUCH PA		
	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE	INSTRUCTIONS)	10,293,313	
	EXCESS OF CUSTOMARY CHARGES C		10,293,313	
	EXCESS OF REASONABLE COST OVE	IR CUSTOMARY CHARGES		
	COST OF COVERED SERVICES PROSPECTIVE PAYMENT AMOUNT			
	OTHER THAN OUTLIER PAYMENTS			
	OUTLIER PAYMENTS			
	PROGRAM CAPITAL PAYMENTS			
	CAPITAL EXCEPTION PAYMENTS (S			
	ROUTINE SERVICE OTHER PASS TH ANCILLARY SERVICE OTHER PASS			
	SUBTOTAL	Imicoon cools		
	CUSTOMARY CHARGES (TITLE XIX	PPS COVERED SERVICES ONLY	9,807,910	
	TITLES V OR XIX PPS, LESSER C		TITLE	
	XVIII ENTER AMOUNT FROM LINE			
	DEDUCTIBLES (EXCLUDE PROFESSI COMPUTATION OF REIMBURSEMENT			
	EXCESS OF REASONABLE COST	OBTIBBRENT		
	SUBTOTAL			
36	COINSURANCE			
	SUM OF AMOUNTS FROM WKST. E,			
	REIMBURSABLE BAD DEBTS (SEE I			
38.01	ADJUSTED REIMBURSABLE BAD DEE BEFORE 10/01/05 (SEE INSTRUCT			
38.02	REIMBURSABLE BAD DEBTS FOR DU			
	ADJUSTED REIMBURSABLE BAD DEE			
	ON OR AFTER 10/01/05 (SEE INS	STRUCTIONS)		
	UTILIZATION REVIEW			
	SUBTOTAL (SEE INSTRUCTIONS) INPATIENT ROUTINE SERVICE COS	T		
	MEDICARE INPATIENT ROUTINE CH			
	AMOUNT ACTUALLY COLLECTED FRO			
	PAYMENT FOR SERVICES ON A CHA			
44	AMOUNTS THAT WOULD HAVE BEEN		ABLE	
45	FOR PAYMENT OF PART A SERVICE RATIO OF LINE 43 TO 44	S		
	TOTAL CUSTOMARY CHARGES			
	EXCESS OF CUSTOMARY CHARGES C	OVER REASONABLE COST		
	EXCESS OF REASONABLE COST OVE			
	RECOVERY OF EXCESS DEPRECIATI		R	
	TERMINATION OR A DECREASE IN OTHER ADJUSTMENTS (SPECIFY)	PROGRAM UTILIZATION		
	AMOUNTS APPLICABLE TO PRIOR C	OST REPORTING PERIODS		
	RESULTING FROM DISPOSITION OF			
	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION AD			
	DIRECT GRADUATE MEDICAL EDUCA			
	TOTAL AMOUNT PAYABLE TO THE P SEQUESTRATION ADJUSTMENT (SEE			
57	INTERIM PAYMENTS			
	TENTATIVE SETTLEMENT (FOR FIS	CAL INTERMEDIARY USE ONLY)	
	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWAE	BLE COST REPORT ITEMS)		

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

CALCULATION OF REIMBURSEMENT SETTLEMENT I 15-0076 I FROM 7/ 1/2007 I WORKSHEET E-3

I COMPONENT NO: I TO 6/30/2008 I PART III

BART III - TITLE V OR TITLE VIX SERVICES OF THIS VIVI SNE BES ONLY

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX HOSPITAL

PPS
TITLE V OR TITLE XVIII
TITLE XIX SNF PPS
1 2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (06/2003)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

BALANCE SHEET I 15-0076 I FROM 7/ 1/2007 I

I TO 6/30/2008 I WORKSHEET G

		GENERAL	SPECIFIC	ENDOWMENT	PLANT	
	1007770	FUND	PURPOSE	FUND	FUND	
	ASSETS	1	FUND 2	3	4	
	CURRENT ASSETS	1	2	3	*9	
1	CASH ON HAND AND IN BANKS	24,743,000				
2	TEMPORARY INVESTMENTS	24,745,000				
3	NOTES RECEIVABLE					
4	ACCOUNTS RECEIVABLE	9,570,000				
5	OTHER RECEIVABLES	214,000				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS	-1,946,000				
	RECEIVABLE	_, ,				
7	INVENTORY	998,000				
8	PREPAID EXPENSES	197,000				
9	OTHER CURRENT ASSETS					
10	DUE FROM OTHER FUNDS					
11	TOTAL CURRENT ASSETS	33,776,000				
	FIXED ASSETS					
12	LAND	478,000				
12.01						
13	LAND IMPROVEMENTS					
13.01	LESS ACCUMULATED DEPRECIATION					
14	BUILDINGS	18,389,000				
14.01	LESS ACCUMULATED DEPRECIATION					
15	LEASEHOLD IMPROVEMENTS					
15.01	LESS ACCUMULATED DEPRECIATION					
16	FIXED EQUIPMENT					
	LESS ACCUMULATED DEPRECIATION					
17	AUTOMOBILES AND TRUCKS					
	LESS ACCUMULATED DEPRECIATION					
18	MAJOR MOVABLE EQUIPMENT					
	LESS ACCUMULATED DEPRECIATION					
19	MINOR EQUIPMENT DEPRECIABLE					
	LESS ACCUMULATED DEPRECIATION					
20	MINOR EQUIPMENT-NONDEPRECIABLE					
21	TOTAL FIXED ASSETS	18,867,000				
	OTHER ASSETS	0.51.000				
22	INVESTMENTS	264,000				
23	DEPOSITS ON LEASES					
24	DUE FROM OWNERS/OFFICERS	40.000				
25	OTHER ASSETS	49,000				
26 27	TOTAL ASSETS	313,000 52,956,000				
21	TOTAL ASSETS	J2, JJ0, UUU				

MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (06/2003)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

BALANCE SHEET I 15-0076 I FROM 7/ 1/2007 I

I TO 6/30/2008 I WORKSHEET G

		GENERAL	SPECIFIC	ENDOWMENT	PLANT
		FUND	PURPOSE	FUND	FUND
	LIABILITIES AND FUND BALANCE		FUND		
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	1,008,000			
29	SALARIES, WAGES & FEES PAYABLE	1,181,000			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	160,000			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	102,000			
36	TOTAL CURRENT LIABILITIES	2,451,000			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE	7,007,000			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES	166,000			
42	TOTAL LONG-TERM LIABILITIES	7,173,000			
43	TOTAL LIABILITIES	9,624,000			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	43,332,000			
45	SPECIFIC PURPOSE FUND				
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49	PLANT FUND BALANCE-INVESTED IN PLANT				
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT,				
	REPLACEMENT AND EXPANSION				
51	TOTAL FUND BALANCES	43,332,000			
52	TOTAL LIABILITIES AND FUND BALANCES	52,956,000			

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

STATEMENT OF CHANGES IN FUND BALANCES IN SAINT STATEMENT OF CHANGES IN FUND BALANCES IN SAINT SAINT STATEMENT OF CHANGES IN FUND BALANCES IN SAINT SAINT

GENERAL FUND
1 2 SPECIFIC PURPOSE FUND 1 2 41,729,000 3 4 FUND BALANCE AT BEGINNING OF PERIOD NET INCOME (LOSS) 1,602,519 TOTAL
ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)
ADDITIONS (CREDIT ADJUSTM 43,331,519 3 10 TOTAL ADDITIONS SUBTOTAL
DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)
DEDUCTIONS (DEBIT ADJUSTM 11 43,331,519 13 14 15 16 17 18 TOTAL DEDUCTIONS FUND BALANCE AT END OF 43,331,519 PERIOD PER BALANCE SHEET ENDOWMENT FUND PLANT FUND 5 8 FUND BALANCE AT BEGINNING OF PERIOD NET INCOME (LOSS) ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)
ADDITIONS (CREDIT ADJUSTM 9 TOTAL ADDITIONS SUBTOTAL
DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)
DEDUCTIONS (DEBIT ADJUSTM 11 13 14 15 16

TOTAL DEDUCTIONS FUND BALANCE AT END OF PERIOD PER BALANCE SHEET

18

Health Financial Systems MCRIF32	FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS	IN LIEU OF FORM CMS-2552-96 (09/1996)
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R-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I 15-0076 I FROM 7/ 1/2007 I WORKSHEET G-2

I TO 6/30/2008 I PARTS I & II STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES	_	_	-
1	00	HOSPITAL	9,899,254		9,899,254
2	00	SUBPROVIDER			
		SWING BED - SNF			
		SWING BED - NF			
		SKILLED NURSING FACILITY			
		NURSING FACILITY			
		ICF/MR			
		OTHER LONG TERM CARE TOTAL GENERAL INPATIENT ROUTINE CARE	9,899,254		9,899,254
9	00	INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	3,033,234		3,033,234
1.0	0.0	INTENSIVE CARE UNIT	4,226,327		4,226,327
		CORONARY CARE UNIT	1,220,027		1,220,027
		BURN INTENSIVE CARE UNIT			
13	00	SURGICAL INTENSIVE CARE UNIT			
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,226,327 14,125,581		4,226,327
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE			14,125,581
17	00	ANCILLARY SERVICES	26,450,113	63,251,621	89,701,734
		OUTPATIENT SERVICES			
		HOME HEALTH AGENCY			
		AMBULANCE SERVICES			
		CORF			
		AMBULATORY SURGICAL CENTER (D.P.) HOSPICE			
24					
		TOTAL PATIENT REVENUES	40.575.694	63,251,621	103.827.315
	00	TOTAL TATILATE NEVEROES	10,070,031	00,201,021	100,027,010
		PART II-OPER	ATING EXPENSES		
		OPERATING EXPENSES		42,232,796	
		(SPECIFY)			
		ADD (SPECIFY)			
28					
29 30					
31					
32					
		TOTAL ADDITIONS			
		CT (SPECIFY)			
		DEDUCT (SPECIFY)			
35	00				
36					
37					
38					
		TOTAL DEDUCTIONS		40 000 5	
40	0.0	TOTAL OPERATING EXPENSES		42,232,796	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

STATEMENT OF REVENUES AND EXPENSES I 15-0076 I FORM 7/ 1/2007 I WORKSHEET G-3

I TO 6/30/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	103,827,315
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	59,799,000
3	NET PATIENT REVENUES	44,028,315
4	LESS: TOTAL OPERATING EXPENSES	42,232,796
5	NET INCOME FROM SERVICE TO PATIENTS	1,795,519
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	-1,238,000
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	452,000
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19		
20		
	RENTAL OF VENDING MACHINES	
	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	593,000
25	TOTAL OTHER INCOME	-193,000
26	TOTAL	1,602,519
	OTHER EXPENSES	
	OTHER EXPENSES (SPECIFY)	
28		
29		
	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,602,519

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96 (2/2006)

I PROVIDER NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PERIOD: I PREPARED 11/24/2008

I STOR SAINT JOSEPH REG MED CTR-PLY CAMPUS NO: I PROVIDE NO: I

	TITED IVITE, TIME II	
	FULLY PROSPECTIVE METHOD	
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT	
2	CAPITAL FEDERAL AMOUNT CAPITAL DRG OTHER THAN OUTLIER	505,343
3	CAPITAL DRG OTTLER THAN COTHER CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	303,343
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	3,027
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	24.40
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
4 02	(SEE INSTRUCTIONS) INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
F 0.0	DAYS REPORTED ON S-3, PART I SUM OF 5 AND 5.01	.00
	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	508,370
PART II	- HOLD HARMLESS METHOD	
	NEW CAPITAL	
	OLD CAPITAL	
3	TOTAL CAPITAL	000000
	RATIO OF NEW CAPITAL TO OLD CAPITAL TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	.000000
	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
	PAYMENT UNDER HOLD HARMLESS	
	- PAYMENT UNDER REASONABLE COST	
1 2	PROGRAM INPATIENT ROUTINE CAPITAL COST PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
3	CIRCUMSTANCES NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
8	FOR EXTRAORDINARY CIRCUMSTANCES CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
13	TO CAPITAL PAYMENTS CURRENT YEAR EXCEPTION PAYMENT	
13	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT	
1.7	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

HOSPITAL

PART	I - FULLY PROSPECTIVE METHOD	
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	24.40
4	O1 NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
5	DAYS REPORTED ON S-3, PART I .02 SUM OF 5 AND 5.01	.00
	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
	.04 DISPROPORTIONATE SHARE ADJUSTMENT	
6 DADT	TOTAL PROSPECTIVE CAPITAL PAYMENTS II - HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4 5	RATIO OF NEW CAPITAL TO OLD CAPITAL TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	.000000
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9 10	SUBTOTAL PAYMENT UNDER HOLD HARMLESS	
	III - PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
	IV - COMPUTATION OF EXCEPTION PAYMENTS	
1 2	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5 6	CAPITAL COST FOR COMPARISON TO PAYMENTS PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
0	CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
12	LEVEL OVER CAPITAL PAYMENT NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
12	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT	
15	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

^{***}FINGERPRINT Line 1 P8KCCFQQw14secm3CWpkOPC2YfwMb0
***FINGERPRINT Line 2 h9Bjf01IstOu2QZzyjtSd0k7OotZeC
***FINGERPRINT Line 3 G75O5MBq0X0ve::7